DOCUMENT RESUME

ED 109 875 EC 073 410

AUTHOR	Kimball, Wendy L.
TITLE	Children's Services in Massachusetts. Annual Report 1974.
INSTITUTION	Massachusetts State Office for Children, Boston.
PUB DATE	74
NOTE	92p.
EDRS PRICE	MF-$0.76 HC-$4.43 PLUS POSTAGE
DESCRIPTORS	Administration; Advisory Committees; *Child Advocacy; Community Organizations; *Delivery Systems; Exceptional Child Services; *Handicapped Children; Interagency Cooperation; Program Budgeting; State Legislation; *State Programs
IDENTIFIERS	*Massachusetts

ABSTRACT

Presented is the 1974 annual report of the Office for Children, an agency responsible for monitoring and coordinating all services for children in Massachusetts. Among the aspects covered are administrative organization; the development and implementation of a special budget for new and expanded children's services; the formation of 39 community-based councils whose responsibilities include needs assessment and providing information and referral for individual children; Help for Children, an advocacy service that attempts to identify and close gaps in service delivery; publicity; and program development. Highlighted are 10 special projects related to such areas as foster care; day care; child abuse; and services for runaways, emotionally disturbed or delinquent adolescents, and children with physical, mental, or multiple handicaps. Briefly described are 1974 legislative efforts by the Office for Children and the creation of a statewide advisory council for children. (LH)

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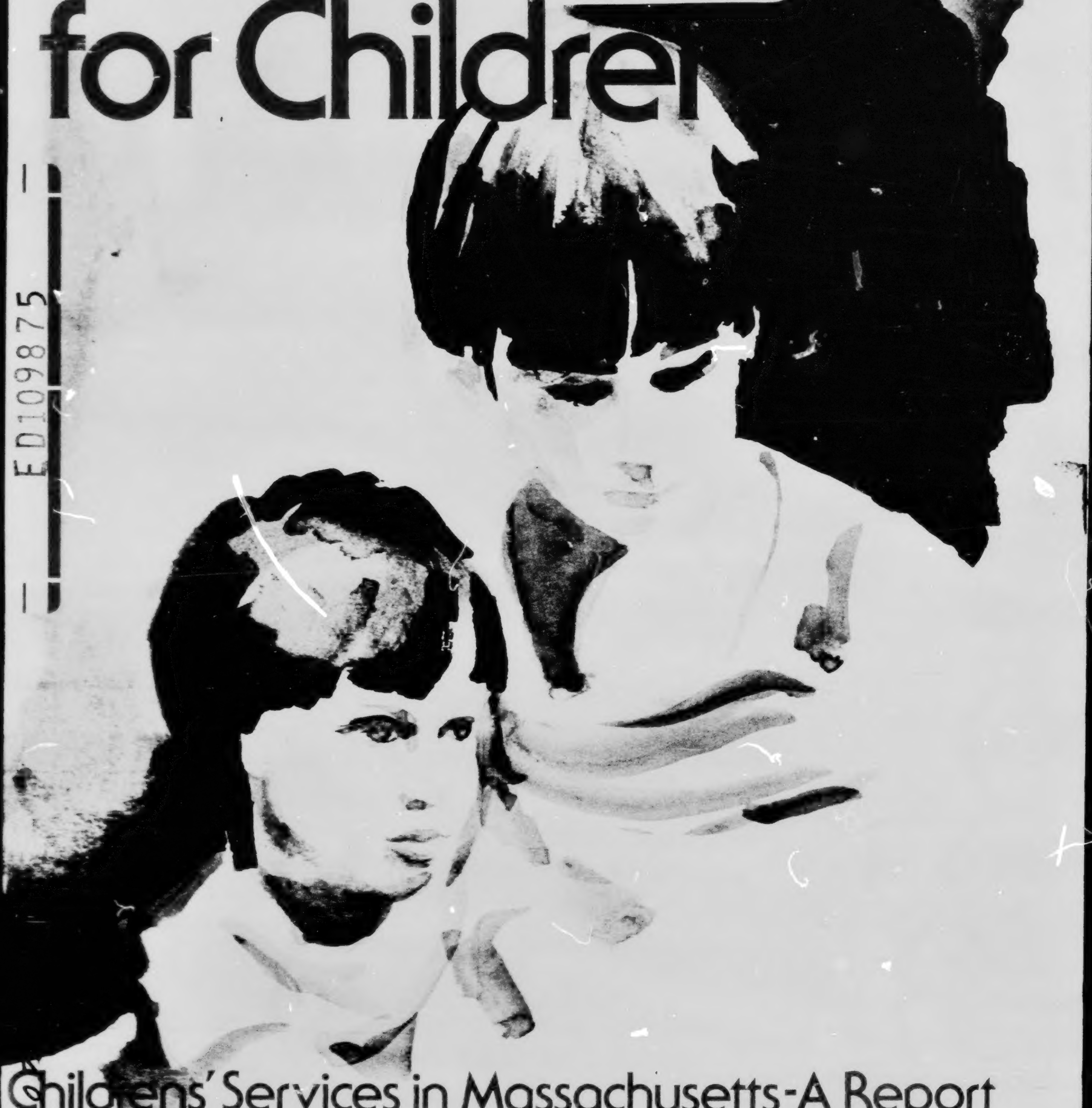

Childrens' Services in Massachusetts - A Report

Commonwealth of Massachusetts 1974

ED109875

Commonwealth of Massachusetts

OFFICE FOR CHILDREN

1974 ANNUAL REPORT

David S. Liederman

Director

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Publication of this document approved by Alfred C. Holland, State Purchasing Agent.
10M 10 74 106098 Estimated Cost Per Copy $.82

The Commonwealth of Massachusetts

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Boston, Massachusetts 02116

DAVID S. LIEDERMAN
Director

Area Code (617)
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Dear Governor Sargent and Secretary Goldmark,

This report covers the first full year of the Office for Children's operations, from July 1, 1973 to June 30, 1974. During that time the Office for Children has "come of age," and has developed from a brand new agency to one which has begun to make an impact on the ability of Massachusetts state government to provide for the needs of children and families.

As we set down our achievements--such as the $20 million Children's Budget, the development of citizens' Councils for Children serving as advocates in every community, a statewide Help for Children network serving individual children and their families and pinpointing gaps in the system--we have also looked ahead to the problems that must be tackled in the coming years.

While much work still remains, our review of the past year shows that we have moved much closer to a coordinated network of services in which children's interests are a priority. We can now say that the days are gone in which children's services were routinely cut from budgets, or lost in red tape, while no one was paying attention.

These accomplishments would not have been possible without your leadership and support.

Sincerely,

David S. Liederman
Director

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THE OFFICE FOR CHILDREN

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Assistant Director -- Program Management and Planning	Donna Makin
Assistant Director -- Fiscal Affairs	Andrew Iovanna
Assistant Director -- Day Care Licensing and Consultation	Melissa Tillman
Assistant Director -- Group Care and Placement Licensing and Consultation	Dorothy Taylor

REGIONAL OFFICES

REGION I - Western Massachusetts
1618 Main Street, Springfield 01003
(413) 736-1822
Regional Director: Joyce Strom

REGION II - Central Massachusetts
78 Pleasant Street, Worcester 01608
(617) 791-3136
Regional Director: James Murphy

REGION III - Northwest Suburban
639 Massachusetts Avenue, Cambridge 02139
(617) 492-1572
Regional Director: William Warren

REGION IV - Northeast Massachusetts
279 Boston Road, Topsfield 01983
(617) 887-6503
Regional Director: Edward Raynard

REGION V - Southeast Suburban
1001 Watertown Street, West Newton 02165
(617) 965-5770
Regional Director: David Parachini

REGION VI - Metropolitan Boston
120 Boylston Street, Room 307, Boston 02116
(617) 727-8898
Regional Director: Erline Shearer

REGION VII - Southeastern Massachusetts
165 Quincy Street, Brockton 02402
(617) 580-0800
Regional Director: Paul Tausek

HELP FOR CHILDREN

Springfield	736-0321
Pittsfield	499-4492
Greenfield	774-4235
Worcester	791-3136
Milford	478-2675
Fitchburg	345-0137
Lowell	459-2566
Cambridge	492-1572
Boston	727-8898

Everett	389-5075
Wakefield	245-4239
Lynn	581-7677
Lawrence	685-0262
Amesbury	346-9617
Beverly	927-5446
Newburyport	352-6005
Haverhill	372-0161
West Newton	965-5770
Marlboro	481-3476
Westwood	329-0045
Quincy	472-4224

Brockton	580-0800
Attleboro	226-2336
New Bedford	997-4531
Taunton	823-7200
Plymouth	746-5101

COUNCIL FOR CHILDREN CHAIRPERSONS

REGION I

Greater Springfield

William Malloy (1974)
Christopher Hall

Berkshire County

Julie A. Cullen

Franklin-Hampshire

Terrance Dumas (1974)
Caroline Parks
Robert Diamond

Westfield

Kerry Holland

Holyoke-Chicopee

Andrew Phillips (1974)
Jack Gallagher

REGION II

Greater Worcester

Dr. Theodore Thamel (1974)
Bradford Derderian

Blackstone Valley

Robert Harris

South Central

Nancy Corkum (1974)
Karol Costa
Meredith Stitson

North Central

Gary Bullock

North Worcester County

Donald Benander (1974)
Rev. Julius Carroll

REGION III

Greater Lowell

Louis A. Murray

Mystic Valley

James Devine

Cambridge

Margaret Sand

Somerville

Nancy Sakland (1974)
Robert Colt

Waltham-Watertown-Belmont

Frederick Paulsen

Concord-Assabet

Arthur Groeninger

REGION IV

North Shore

Patricia Mulloney

Greater Lawrence

Thomas Kelley (1974)
John Menzie, Jr.

Greater Lynn

Theodore Phillips

Tri-City

John Embriano

Eastern Middlesex

Jack Wertheimer (1974)
Joan Cassidy

Haverhill-Newburyport

Ted Lombard (1974)
Randolph Hamlett

REGION V

South Middlesex

Dr. William Kieger (1974)
Clifford Walton

Marlboro-Westboro

Mary Vanzini (1974)
Robert Mirick (1974)
Thomas Bates
Bruce Hershfield

Newton-Weston-Wellesley

Thomas Holtey (1974)
Joanne Williams
David Mortimer

South Norfolk

David Weinberg

South Shore

Dr. Edward Pierce

REGION VI

Boston Area 1

Phyllis Herbert (1974)
James Jones
Fran Johnnene

Boston Area 2

C. Vincent Haynes

Boston Area 3a

John Ciano (1974)
John Forbes

Boston Area 3b

Gayle Walker (1974)
John Hoadley (1974)
James Sorrento

Boston Area 4

Anthony Tomasello

Boston Area 5

Nora Moran

REGION VII

Greater Brockton

Edward Czerminski (1974)

Taunton Area

Anthony Martin

Greater Fall River

Fr. Harold Wilson

Greater New Bedford

John Moran

Plymouth Area

Alan Johnson
Frank Hynes

Attleboro Area

Stephen O'Connor

Cape and Islands

George Smart

Introduction
— An Overview of 1973-1974

June 30, 1974 ended the first full year of the Office for Children's operation.

It was a year in which 39 open citizen Councils for Children were first organized, to serve as community-based advocates in every area of the state, and to actively determine how funds for children's services should be spent in their communities.

This year marked the passage of the first Children's Budget, a $20 million increase in children's services provided by five state agencies. The increase marks a wide range of new or expanded programs, including preschool programs for physically handicapped children, rate increases for foster parents, day care for working families, services for mentally retarded children, and many others.

An important development in the formulation of the Children's Budget was the legislative enactment of an identifiable appropriation item for day care services, formerly "hidden"--and neglected--in the Public Welfare appropriation account for Aid to Families with Dependent Children (AFDC).

* * *

Perhaps the most significant achievement in the first Children's Budget, and perhaps the year's most important achievement of the Office, was the enactment of identifiable accounts for purchase-of-service funds for each of the 39 substate areas. These "area budgets" of $130,000 each for fiscal 1975, will be spent upon the recommendations of the local Councils. They set a national precedent for citizen participation in the distribution of state funds for children's services.

This fiscal year saw the creation of a statewide information, referral, and advocacy system for children--Help for Children. This program, which responded to over 6,000 phone calls in its first year, includes a data system for flagging gaps between existing services, and provides a framework for effective state-level advocacy on behalf of children whose needs are not being met.

This was a year in which, for the first time, the major state agencies providing children's services were formally linked at the regional level to coordinate service delivery. Through the Interdepartmental Teams these agencies worked together in each regional Office for Children to close the gaps in the system, by serving individual children who might otherwise have been victims of these gaps.

Also during this time, thousands of children, whose needs were not being met by existing programs, were served by the Project for Children. The Project turned $4.3 million of program funds into new or expanded community services identified and approved by area Councils for Children.

This was a year in which a new emergency shelter program for younger runaways opened in Boston, a new comprehensive children's center was created in Northampton, and a program for physically handicapped infants and their parents was developed in

Canton to serve families from all over Massachusetts.

This year also saw the emergence of a Bridgewater Alternative Project--an Office for Children team designed to respond quickly with diagnostic and alternative treatment services to troubled adolescents referred by the courts and by state mental health hospitals to the adult correctional facility at Bridgewater State Hospital.

It was a year in which the Office for Children developed broad new standards to insure quality care and protect children's rights in foster care, adoption, group residential care, and infant-toddler day care.

There were other achievements, and there were failures as well. The system which children and families in Massachusetts rely upon for services is still far from being an efficient network. There are still gaps. There are still children who need help and who are being turned away because a service is not there, or the waiting list is too long, or families cannot pay.

This document reports not only on what the Office for Children has done this year, but also on what it has yet to do. It is an annual report full of success stories measured against things still to be accomplished. It is the first full-year's report of an agency with a broad mandate--to coordinate the development of all services for all children--and thus it is the report of a beginning.

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Massachusetts Gets an Office for Children

Why an Office for Children?

About 2,000,000 residents of Massachusetts are children. Seven different state agencies are responsible in some way for providing for their needs, and several hundred private agencies of varying size, quality and budgets also offer children's programs. Rather than forming a network delivering services to all children in need, however, the programs provided by these agencies are fragmented, often inadequate, and of uneven quality. As a result, many children in need of help never get it.

Although the failings of the children's service system have long been recognized, budgets and program decisions over the years have slighted children. A variety of children's interest groups have had to compete against each other for insufficient funds. The influence of these groups has suffered in the face of lobbyists for the interests of groups with more money or more voters. And while it has been generally accepted that children are inadequately served, there has been little solid data to document just where the gaps in the system are.

The Office for Children, a full-fledged state department within the Executive Office of Human Services, was created by Chapter 785 of the Acts of 1972 to serve as an advocate for children, and to coordinate and monitor all the various children's services, both public and private, throughout the Commonwealth.

Other responsibilities under this law include:

1. Facilitating the development of area Councils for Children, made up of both consumers and providers of children's services, to monitor and evaluate services and serve as local advocates for children. The Councils make program recommendations which form the basis of the policies and priorities of the Office.
2. Setting standards for, and licensing or approving, all day care programs, group care facilities, and foster care and adoption placement agencies.
3. Establishing a statewide system of information and referral to enable individual children to get the services they need and to document gaps in the system.
4. Monitoring the development of children's services through reviewing the budgets of all state agencies serving children, and making budget recommendations to the Secretary of Human Services, to other Secretaries where appropriate, and to the Governor.
5. Serving as an advocate for children in the Commonwealth.

How the Office is Organized

Although it has remained administratively small for a state agency, the Office for Children has a central, regional and area structure and a number of different unit operations, all of which inter-relate. The effectiveness of the Office depends, in fact, on how well each of the "pieces" feeds into the rest.

A description of one unit's role is incomplete without a description of its relationship to other units. For example:

-- The Councils for Children are "grass rooots" advocates for children on the area level. Much of their impact, though, is felt at the state level, where Council priorities are integrated in program planning with service-providing agencies.

-- The Help for Children program advocates for individual children who are not getting the services they need. The effectiveness of this program depends on staff contacts and resources on the area, regional, and state levels alike. And data related to service needs contributes to program planning.

This report is organized, basically, by unit operation. It may be helpful to note the "geographical" structure of the Office while bearing in mind the inter-relationships among the geographical and functional units.

14

39 Areas

1. Councils for Children
2. "Area" Help for Children

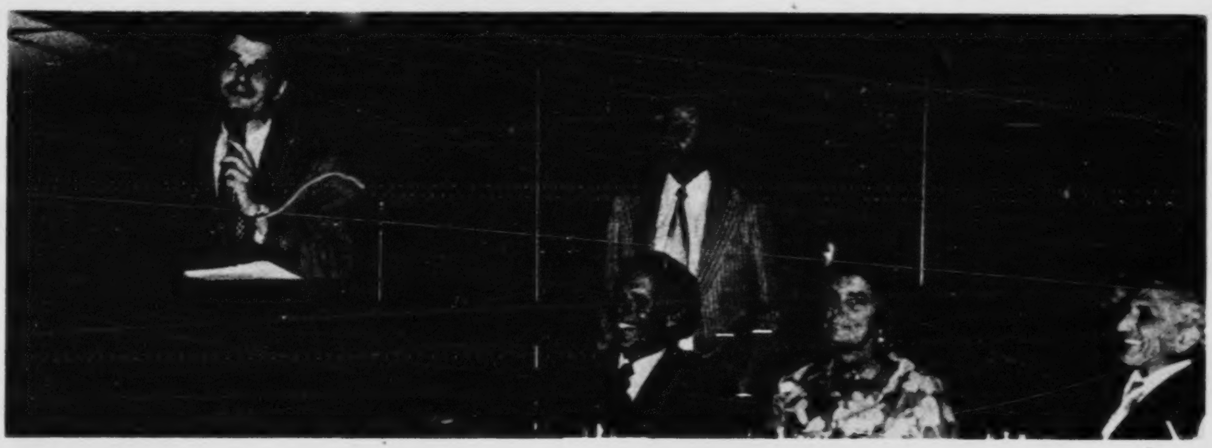
7 Regions

1. Regional Directors
2. Regional Interdepartmental Teams representing the Departments of Mental Health, Public Health, Public Welfare, and Youth Services
3. "Regional" Help for Children
4. Licensing and Consultation: day care, group care, and foster care and adoption placement

Central Office

1. Administration (Director, Deputy Director, Fiscal Affairs, Personnel, Legal)
2. Program Development
3. Community Development (Councils for Children)
4. Regional Services (including Help for Children)
5. Licensing and Consultation (day care, group care, foster care and adoption placement)
6. Public Information

The Office for Children gets its new Director. From left to right, House Speaker David Bartley, Mrs. Jessie Sargent, Office for Children Director David S. Liederman, Governor Francis W. Sargent in January 1973.



Human Services Secretary Peter Goldmark, Office for Children Director David S. Liederman (standing), the Governor and Mrs. Sargent, and House Ways and Means Chairman Anthony Scibelli at the opening of the Office for Children in Springfield.

The 1975 Children's Budget

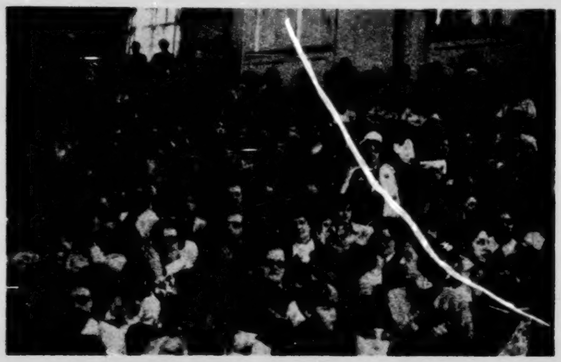
Children...at the Top of the List

The 1974-75 Children's Budget is a $20 million package of items representing new and improved services for children. These items were part of the state budget submitted by the Governor and passed by the legislature for the 1975 fiscal year. They represent the following services provided by the Office for Children and the Departments of Mental Health, Public Welfare, Public Health, and Youth Services.

New Area Programs

Office for Children Area Budgets - $5.17 million.

The new Office for Children budget includes 39 area allocations which allow the Office, upon the recommendation of the Councils for Children, to purchase community-based services. Each of the Council for Children areas has been allotted $130,000, to fund programs and provide services to individual children who are not being served by the major agencies. In Region VII (Southeastern Massachusetts), new funds will also provide staff support for the volunteer citizens Councils.



Councils for Children rally at State House in support of 1975 Children's Budget submitted by Gov. Sargent.

Department of Mental Health Area Services for Children - $1 million.

For the first time, the Department of Mental Health budget commits $1 million for developing local children's services recommended by Mental Health and Retardation Area Boards.

Gov. Sargent announces the first Children's Budget. Seated (l to r) are Public Welfare Commissioner Steven Minter, Office for Children Director David Liederman, Greater Lowell Council for Children Chairperson Lou Murray.

New and Expanded Day Care Services

Title IV-A Day Care, Department of Public Welfare.

New funds have been earmarked to increase to $14.8 million the amount of Title IV-A funds providing day care services to children of families on public assistance, and "former" and "potential" recipients. This amount includes $875,000 to continue existing day care programs in public housing, services previously administered by the Department of Community Affairs.

Donated Funds Day Care, Department of Public Welfare - $3.7 million.

Increased state funds available for day care under the donated funds program will provide day care for an additional 600 children.

Demonstration Day Care Project for Working Families, Department of Public Welfare - $500,000.

A new pilot program will for the first time provide day care to children of working families on a sliding-fee-scale basis. Programs across the state will be chosen for funding under the project by the Statewide Day Care Advisory Committee, and will be selected as demonstration models.

Preschools for Physically Handicapped, Department of Public Health - $371,000.
Three new day care centers integrating physically handicapped and "able-bodied" children will be developed in Westfield, Worcester, and Southeastern Massachusetts.

Baylies Nursery Program, Department of Public Health - $74,960.
This preschool program in Canton is one of the three existing centers integrating able-bodied and physically handicapped pre-school children. Begun as a pilot program, this nursery now gains permanent status as part of the Massachusetts Hospital School.

Upgrading Clinical Nursery Aides, Department of Mental Health - $53,790.
By upgrading the salary of aides in clinical nurseries for retarded children, each of the state's 112 programs is guaranteed two trained staff persons for every twelve children, many of whom are multiply-handicapped.

Expansion of Office for Children Day Care Licensing Staff - $100,000.
Several licensing specialists are being added to the Office for Children to license and provide technical assistance to the growing number of day care centers and family day care programs.

Community-Based Services

New Rates for Foster Care, Department of Public Welfare - $2.2 million.
Until now, foster families were reimbursed $21 to $25 per week for the care of a child, or $35 to $50 for the care of a child with special needs. New budget increases allow significantly higher rates:

For children age 0 - 5
$22 per week
For children age 6 - 10
$32 per week
For children age 11 - over
$42 per week
For children with special needs
$60 per week

Family Resource Exchange, Office for Children - $50,000.
Modeled after the Massachusetts Adoption Resource Exchange, this program will pool the efforts of agencies -- both state and private -- to make more foster homes available for children. By coordinating the recruitment, home-finding and publicity efforts of participating agencies, the program will allow member agencies to draw from a larger resource of available families when placing a child.

Community Placement for Institutionalized Retarded Children, Department of Mental Health - $243,000.
Under an agreement between the Office for Children and the Departments of Mental Health and Public Welfare, 125 mentally retarded children in state institutions are being placed in foster care and in other small community residences.

Preventive Services, Department of Public Welfare - $500,000.

The Division of Family and Children's Services will for the first time provide families above IV-A income limits with counseling and homemaker services to help prevent the need for placing children in foster care. The Governor's Commission on Adoption and Foster Care strongly recommended the increased availability of these supportive services as a means of preventing the breakup of families.

New Foster Care Services, Department of Public Welfare - $452,000.

Specialized foster care - A pilot program to develop eight new specialized foster homes in seven regions of the state will care for children with special needs.

Emergency foster care - Foster homes will be paid $2 per day to keep a bed ready and waiting for the emergency placement of foster children.

Liability insurance - For the first time, the state will provide liability insurance for parents caring for foster children.

Protective Services, Department of Public Welfare - $84,601.

Protective services for abused and neglected children will be expanded by an increase in the donated funds program.

Drug Rehabilitation, Developmental Services for Retarded, Department of Public Welfare - $660,000.

Increases in the donated funds program will allow additional children to benefit from community-based drug rehabilitation services and developmental services for the retarded.

Infant Home Training Program for Retarded Children, Department of Mental Health - $245,559.

This new program is aimed at providing early screening and supportive services for retarded infants and their families. Teams consisting of a variety of specialists headed by a social worker will provide services and training to children and parents in their homes.

Department of Youth Services Community Programs - $1.92 million.

Increases of $1.92 million in the purchase of service accounts of both the 1975 budget and the 1974 supplementary budget will cover cost increases and provide selective expansion of programs for youth.

Department of Youth Services Fiscal Control System - $16,985.

Staff for a new fiscal control system planned by the Department will work to put the agency on a firm financial footing.

Northampton Children's Center, Department of Mental Health - $500,000.

The 20-acre campus of the former Northampton School for Girls is the site of new interdepartmental children's center serving western Massachusetts. The Office for Children and the Department of Mental Health are jointly coordinating the development of privately-run day and short-term residential programs, according to recommendations made by a citizens' task force.

Department of Public Health, Testing of Deaf Children - $15,000.

A statewide screening program will detect deafness in children thought to be at risk.

Canton Nursery Program, Department of Public Health - $265,000.

The new Canton Nursery Program for multiply handicapped children up to age 5 is now a permanent Public Health Department program at the Massachusetts Hospital School. Begun in 1973 with Office for Children funding, the program evaluates the child's immediate and long-term rehabilitative needs during a month-long stay of both child and parent, trains parents to fulfill these needs at home, and provides follow-up services. The goal of the program, which serves up to 100 children per year from all over the state is to enable multiply handicapped children to avoid institutionalization.

Institutional Care

Group Home Rate Increases, Department of Public Welfare - $500,000.
These funds cover rate increases in group homes and institutional programs for children separated from their families.

Increase in Hospital and Clothing Funds, Department of Public Welfare - $288,000.
Foster parents have now an increased allowance for clothing and hospital care to keep up with today's costs.

Improvements in Department of Mental Health State Schools - $1,020,000.
These funds will cover additional direct services and improved living conditions for children in state schools.

Improvements in the Massachusetts Hospital School, Department of Public Health - $395,000.
The number of children served at the school at any one time will be increased from 175 to 200, new equipment will be added to the brace shop, and other services will be expanded.

The First Children's Budget How It Came To Be

The 1975 Children's Budget, representing $20 million in increases over previous funding levels for children's services, really stands for itself as a victory for Massachusetts young people.

But there's more to the story. The creation of a Children's Budget means that for the first time a state agency, the Office for Children, has identified expenditures for children's services in all the major provider agencies. Also for the first time, citizens' Councils for Children have had a significant voice in the budget-making process, from start to finish. And major service-providing departments are now earmarking their expenditures for children, examining them and identifying areas where increases are needed.

The Office and the Councils began work on the 1975 fiscal year budget in mid-1973. Decisions on whether to request Office for Children area budgets and on what their funding levels would be, were made at a meeting of Council chairpersons from across the state.

During this same period, Councils submitted lists of services they had identified as priority area needs. The Office used these service categories as indicators of statewide service gaps, and earmarked them as target areas for expansion.

During the fall, as the various service-providing departments were drafting their budget requests for fiscal year 1975, the Office helped them identify the various accounts that fund children's programs, and advocated for higher funding levels in the target areas. Collectively, these target areas were worked out with commissioners and the Secretary of Human Services as the first Children's Budget.

Towards the end of 1973 the Children's Budget, contained in the budget requests of five state agencies, made its way through the fiscal channels of the Office of Administration and Finance to the Governor. Throughout this process, the Office for Children and the Councils actively worked to insure its survival as a priority of the executive branch.

In January 1974, Governor Sargent submitted this first Children's Budget to the legislature as part of his fiscal 1975 state budget request. On this occasion, the Councils for Children sponsored a State House rally, drawing several hundred supporters, to launch the journey of the Children's Budget through the legislative process. **The outcome was a success: the legislature approved nearly every item and the Children's Budget, totaling $20 million in new and expanded services, became a reality on July 1, 1974.**

The Second Children's Budget

No sooner was the 1975 Children's Budget passed, than planning began for 1976. The Office's experience over the past year carried with it two important lessons about program development in the state budget process:

1. Setting priorities far in advance, local Councils for Children can have a decisive voice in shaping state budget policy, as the Office monitors the process from the early budget requests of the major service-providing agencies on through the legislature.

2. Documenting service gaps across the Commonwealth is an important means of boosting budget items through both the executive and legislative process. One reason that requested increases in children's services have failed in the past is that gaps in the system were difficult to pinpoint. Help for Children data can play a key role in program development through Children's Budgets.

By opening up the budget process, the Children's Budget has become a means of insuring state government's accountability to citizens who depend on children's services. With the budget process now accessible to the people it serves, children's programs will hopefully never again slip to the "bottom of the list."

The Councils for Children

Local Advocates and Community Decision-Makers

Of all the components that make up the Office for Children, the key ingredient to its uniqueness, and ultimately its effectiveness, is its community base. The formation of 39 Councils for Children, each representing a cross-section of children's interests in every area of the state, has been the Office's first priority.

The effort to bring together coalitions of parents, teenagers, and children's service professionals began early in 1973 with roughly two dozen staff Community Representatives. Each Community Representative began by contacting every identifiable group related to children and drawing them together as an organizing committee. A publicity campaign, complete with leaflets, mailings, newspaper announcements, and posters summoned to a public organizing meeting a diverse range of people whose common denominator was their active concern for children and their determination to have a say in the state's policies affecting them.

The general recruitment meeting, at which the Office for Children Director explained the goals of the Office and the responsibilities of a local Council for Children, was followed in each area by the election of the Council's first policy board. Aside from the Office's stipulation that a majority of the board be consumers -- persons with no financial interest in providing children's services -- and that the board be broadly representative of children's needs and be elected in an open process, Council members have been free to design their own structure and procedures for their first boards.

The elections themselves are frequently colorful events. Parents, teachers, social workers, day care advocates, nurses, foster parents, teenagers, local government officials, and a variety of other people representing children's concerns, converge to mark their ballots for candidates for their Council's policy board.

Following the election, each Council elects officers, drafts by-laws, and forms committees to undertake projects mandated by law and those which reflect issues of particular concern to area children.

The Councils for Children are now in various stages of formation. As of July 1, 1974 thirty-six Councils had elected boards, and three Councils were still in the organizing stage.

In order to develop Council guidelines that are thoughtfully conceived and that incorporate the experience and recommendations of present Council members, the Office for Children has set up a Permanent Guidelines Committee made up of representatives from the various Councils. This committee has prepared a draft which will cover both Council make-up and operations. Following public hearings, permanent Council guidelines to replace the existing provisional ones will be promulgated in late 1974.

Council for Children Responsibilities

Under the law that created the Office for Children, each Council has five mandated responsibilities:

To Assess the Availability of Services for Children in the Area. One of the barriers that has thwarted the development of a children's service system in Massachusetts is that no one has been able to determine just "what is out there" in the way of children's programs. Working on the local level, Councils are for the first time making such a determination. This assessment not only gives the Council and the Office for Children an inventory of services available for children, but also points out where the system's gaps are in various parts of the state.

To Determine Priorities for Service Development Based on Community Needs. Children's service needs are not uniform across the state. Such factors as living standards, urbanization, existing resources, and population density often result in service needs of children in Amherst that differ from those of Quincy youngsters. Government planners in Boston would need a crystal ball to accurately assess these variations in service needs.

Councils for Children, on the other hand, can set local priorities that far more accurately reflect the needs of their children. Through the Councils, consumers of these services -- the parents and young people who represent a majority of each Council board -- have gained a strong voice in program development, thereby making the governmental process more responsive.

To Review Budgets and Funding Proposals. Priority-setting would be a meaningless exercise were it not directly tied into program development. During the past year, the Councils developed their own capabilities as program planners and evaluators. They focused these efforts in two main areas:

1. *Proposal Review and Program Evaluation - Project for Children.* In fiscal 1974, Project for Children funds totalling $4.3 million for seven regions were administered by the Office for Children. A large portion of the money was governed, as mandated by the legislature, by federal guidelines under Title IV-A of the Social Security Act. In addition to children's service programs, a portion of both the "federal" and "state" funds were used for services to individual children, referred by Help for Children, whose needs could not be met by any other program or funding source. (A full accounting of Project for Children expenditures, is contained in an appendix to the 1974 Annual Report.)

All area program funding under the Project for Children was based on recommendations of Councils for Children. Each Council reviewed proposals submitted by agencies and groups in the area, and made funding recommendations based on local needs, service priorities, and the Council's assessment of the program's quality. Office for Children Regional Directors, and regional Interdepartmental Teams representing each of the major state service-providing agencies, provided Councils with technical assistance in proposal review.

Each Council monitored and evaluated programs awarded Project for Children contracts. Program evaluation included site visits and consultation with program directors, staff, and, where appropriate, consumers of the service.

2. *Priorities of Need Recommendations - The 1975 Children's Budget.* In the latter part of 1973, all Councils that were sufficiently organized were asked to submit to the Office for Children Director their assessments of area service needs and priorities. These recommendations were used in preparing the Office for Children fiscal 1975 budget request, and were incorporated in the Office's recommendations to the

Governor regarding the children's services budget requests of the Departments of Mental Health, Public Health, Public Welfare, Youth Services, Education (Division of Special Education), and Community Affairs. A similar, but expanded, process is underway for fiscal 1976.

To Provide Information and Referral Services for Individual Children and Families Whose Needs Are Not Being Met.

As a coalition of services providers and consumers representing a wide variety of both children's needs and resources in the area, each Council naturally becomes a potential source of information and referral:

-- First, as a visible body of citizens advocating for children on the area level, Councils become identified as "somewhere to go for help" when a child is not getting needed services.

-- Second, as a cross-section of experienced parents of special needs children and of professionals providing services, each Council represents a considerable resource in the knows and wherefores of the local children's service network. All of the Council's efforts contribute to its collective understanding of the local system and how it works -- a key requirement of a good information and referral program.

-- Third, each Council develops expertise as a local advocate for children's services. This same expertise -- as well as the Council's reputation in the community as an advocate -- lends itself to effective advocacy efforts on behalf of individual children.

The Help for Children system affords the Councils a base on which to conduct information, referral and advocacy for individual children. The capability of the Councils to provide these services was not fully explored or developed in every area during this year, as explained in the section on Help for Children in this report. However, ten Councils developed "area" Help for Children programs in the past year, and other Councils have established close links with the regional system:

-- Councils conducted some of the outreach, publicity, and direct referral that brings individual children to the attention of Help for Children;

-- Councils alerted Help for Children staff to community resources and contacts to be used in getting help for individual children;

-- Many Councils participated, along with the Office for Children, in the selection of facilitating contractors and staff for Help for Children, and the Councils approved funds for this purpose;

-- Help for Children provided some Councils with data, showing service "gaps" in the community, to help in setting priorities for funding and advocacy projects:

-- Councils approved funds or advocated for groups of children, identified by Help for Children, whose needs were not being met.

By fall, 1974, 24 Councils will have area Help for Children programs.

Councils as Advocates

Across the state, Councils for Children were speaking out for children's interests during the past year. Many Councils formed special committees to work on issues that are a priority concern on the local level.

This kind of advocacy work was above and beyond the Council functions listed earlier in this section, although frequently an advocacy effort was further bolstered when a Council funded a needed program, or used its links to state government to help children needing services.

Space will not allow every Council's work to be detailed in this report. The following, however, is a sample of Council for Children advocacy efforts.

Chapter 766 was an important issue for many Councils in the past year, and Chapter 766 Committees will be active Council groups in nearly every area during the month's ahead.

All Councils actively participated in their region's interagency "Forum on 766" during the winter, and several, such as the North Shore and South Central Councils, arranged widely-attended local workshops aimed at informing local parents about the new law. The Berkshire County and Tri-City Councils were among those who set up "observer teams" to advocate for special education services before local school committees, and to monitor the Chapter 766 implementation process.

Lead Paint Poisoning was a special concern of the Greater Lawrence, Greater Framingham, Haverhill-Newburyport, and Greater Springfield Councils. Coordination of community screening programs and those of the state Department of Public Health; meetings with local officials to urge action on behalf of children in public housing; and public information campaigns were among the tactics used to combat lead paint poisoning of children.

Day Care was a service in high demand across the state this year, and child care services were frequent funding priorities of the local Councils. The Newton-Weston-Wellesley Council organized a workshop, "Opportunities for Preschoolers," in which over 100 local residents studied ways to "stretch" and develop child care resources through parent cooperatives, after-school centers, etc.

A "Consumer Needs Services" conducted by the Waltham-Watertown-Belmont Council for Children included a detailed questionnaire widely circulated to local parents. The project and its findings were publicized through the local papers.

Using a similar strategy, the South Central Council printed and distributed its "inventory" of local children's services as a means of getting the public behind Council efforts to make more services available.

Children and the Court System have drawn the attention of the Greater Worcester Council, which formed a committee to examine the problems of teenagers in the adult correctional system, the effects of the "CHINS" legislation on runaways and troubled youth, and the possibilities for legal advocacy and legislation.

Monitoring and Evaluation, which all Councils must perform of the programs they fund, should be a process which results in better services, according to the Greater Lowell Council. This Council used its new authority as a children's advocate in the community to insure that positive changes were made in area programs.

Regional Services

At the Regional Level

Much of the advocacy and coordination aimed at facilitating the delivery of services to children is based in seven regional offices. They are located in Springfield, Worcester, Cambridge, Topsfield, Newton, Boston, and Brockton. Working with the area Councils for Children, the regional office is uniquely equipped to increase the availability, and insure the quality, of services to all children within the region. The following staff operations come together in the regional office:

Regional Director, responsible for administration of the Project for Children, for region-wide program development, for coordination of other public and private agencies, and for advocacy efforts aimed at increasing the availability of children's services.

Help for Children, responsible for the administration of information, referral and advocacy services for individual children within the region. Regional child advocates coordinate area Help for Children programs, as well as the collection of data reflecting service gaps and any barriers that prevent children from being served. Regional Help for Children also insures that, when appropriate, Project for Children funds are allocated to individual children whose service needs cannot otherwise be met.

Interdepartmental Team, including one representative from each of the major Human Services departments serving children (Mental Health, Public Health, Public Welfare, and Youth Services). Team members have four major roles:

1. Working as regional advocates within their agencies on behalf of individual children identified by Help for Children;
2. Developing and monitoring a service plan for each child whose needs can be met only through Project for Children funding;
3. Providing Councils for Children with technical assistance in reviewing program proposals for funding under the Project for Children, and in evaluating programs;
4. Serving as program development advocates within their own agencies.

Licensing and Consultation staff specializing in day care and early childhood education; group residential care; and adoption and foster care placement. These staff members license and evaluate all private programs, review for approval state-administered programs, and provide consultation and technical help to both existing and developing programs.

The Project for Children

The Project for Children, through which community-based children's services are purchased by the Office, is facilitated and monitored centrally and regionally and is based on recommendations made by the area Councils.

The Project is an outgrowth of a cooperative effort of the various state Human Services departments that offer children's services. Its goals are to fill the gaps between existing state agency programs by:

-- Working to insure that public and private agencies carry out existing responsibilities to serve individual children; and

-- Enabling private groups to develop local programs which can serve children and families in their communities.

An underlying aim of the Project for Children is that, once local Councils have identified gaps in the area's service system and filled them through Project funding, funding for these new programs will wherever possible be transferred to the major service-providing agencies.

In addition to the area-based programs funded through the Project for Children, several programs of statewide significance were funded as well. Both state and local contracts, as well as those transferred to the Department of Public Welfare, are outlined in the appendix of this report.

Special Regional Projects

Each region has its particular problems and needs related to children. Along with the Councils for Children in the region, each office selects priority issues to tackle as regional projects. Some problems are quickly solved, by bringing together isolated parents and agency representatives to discuss issues of common concern. Other problems require forming a task force to hammer away at difficult questions of service quality, eligibility, and availability. And some problems call for persistent pressure upon other agencies, to make children a higher priority and to keep a sluggish bureaucracy in tune with the urgent needs of children in the community.

The following are just four examples of regional projects the Office undertook this year.

Western Massachusetts: Legal Advocacy for Children

For the past year, a Springfield attorney working with the regional Office for Children staff has been playing a unique and innovative role on behalf of abused and neglected children and other young people who come before the court. He's been their lawyer.

In care and protection proceedings, where courts must decide what action and services are in the best interest of an abused or neglected child, there is seldom an effective legal advocate speaking solely on the child's behalf. While judges usually do carefully weigh the evidence presented in court by the parents and by a child welfare agency, the present system provides a judge with too little information to make a good decision for the child.

By serving as a children's advocate in a courtroom, the lawyer provided by the Office for Children gives judges service alternatives that reflect the individual needs of each child.

Before going to court, this attorney works with the Help for Children staff to prepare the child's service plan. Before concluding that the child should be taken away from the home, they examine all the service possibilities that could help the family stay together instead.

If for his or her own protection the child should be removed from home, different service placements, including both foster homes and group care facilities, are explored. And if parents and children should be separated, attempts are made to insure that all efforts are made to eventually reunite them. Of course, the child's own opinion about what should happen to him is a crucial factor.

When this lawyer goes to court, therefore, he is well prepared to advocate for the child. Having examined a range of service possibilities, including those of both state and private agencies, he can make a convincing case on the child's behalf.

In most of the dozens of cases where the Office for Children provided a courtroom advocate for the child, the judge agreed to the plan this lawyer presented. In fact, many courts in western Massachusetts have welcomed this "children's counsel" as a valuable contribution to care and protection proceedings. Cases are now regularly referred for legal advocacy by child welfare agencies, probation officers, professionals working with children, the police, and even judges themselves.

Central Massachusetts: Screening and Referral, Worcester State Hospital

The regional Interdepartmental Team has developed a unique role in conjunction with Worcester State Hospital's Adolescent Unit. When a special program for children aged 12 to 18 was being expanded by the hospital in late 1973, the team took on the responsibility of screening candidates for the program. Working with the unit's staff, the hospital superintendent, and the Help for Children staff, the team screens all children except those needing emergency placement, and finds alternative services for those whose needs would not best be met by the hospital. When children are ready to leave the unit, the team finds needed follow-up and supportive services, including residential placement for those who cannot return to their families.

Northeastern Massachusetts: Intensive Care Services for Adolescents

The accidental death of a youngster at Danvers State Hospital triggered a region-wide Office for Children effort that involved Councils for Children, Help for Children advocates, and Interdepartmental Team members as well as the Office for Children's regional director.

In this case, the investigation of the circumstances of one child's death pointed up the lack of services -- at Danvers State Hospital and throughout the region -- designed for children needing intensive treatment of emotional problems. The Office's regional director convened an interdepartmental task force including Council for Children and Mental Health Area Board members, to document service needs, examine existing resources in the region, and design a plan for a small, residential, intensive care facility. The task force concluded that the program should serve a priority age group of boys and girls from 12 to 18, and that it should include a range of therapeutic services in a relatively secure setting.

These discussions led to an agreement between the Departments of Mental Health and Youth Services to provide, respectively, a facility and purchase-of-service funds for the program. With that agreement, and the selection of a house on state hospital property bordering a residential neighborhood, the way is clear for developing services for a small group of children.

The task force has developed general guidelines for service components and will participate in the selection of a private contractor. The program's target opening date is fall, 1974.

Southeast Suburban: Services and Advocacy for Multiply Handicapped Children

The plight of several parents of multiply handicapped children drew the attention of this region's Help for Children advocates, and has since led to a series of efforts ranging from re-allocation of state funds to dialogues with public school officials.

A new parents' advocacy group, Action for the Multi-Handicapped, was launched this past year, and grew out of Help for Children involvement with parents who had been unable to obtain services for their special needs children. The state currently offers no programs for the region's multiply handicapped children, and existing private programs in the region are scarce and fragmented.

In the few available programs, high tuition costs, age restrictions, long waiting lists, and the shortage of summer sessions prevent most of the children from receiving the sustained support they need. The Office for Children encouraged parents of children with multiple handicaps to get together and begin work on their common problems, and the Office is continuing to help them become effective advocates.

Through the Councils and the Interdepartmental Team, the Office for Children has been working to develop a regional system of services for multiply handicapped children, by building on the existing base of private programs with purchase-of-service funds, referral, and technical assistance.

The implementation of Chapter 766 offers another potential resource for multiply handicapped children. The Office has been working with local school systems to facilitate evaluations and placement of these children who, because their service needs are great and complex, have always been the last to receive help.

Help for Children

It Begins with a Phone Call ...

In August, 1973, a very tired and frustrated young father called Help for Children, the information, referral and advocacy service of the Office for Children. The Office was one of a long string of agencies he had tried during a three-year search to find help for his daughter Helen. Helen, at age five, could not talk, move around, or even sit up by herself. Her parents had been caring for her since she was born, all the while searching for a program that would go beyond what they could teach her, and help her become more independent.

The young parents couldn't find such a program, however, and over the years they had become more weary and more depressed. By the time they called Help for Children, they were just looking for a program that would simply take care of their daughter, so that they could put their lives back together again.

For nearly an hour the father told his story to the Help for Children advocate. Helen had been seen by a number of physicians and specialists and had been diagnosed and evaluated at several hospitals. Every test seemed to come up with a different conclusion about what Helen's special needs actually were. For example, some physicians contended that Helen does have vision, one eye better than the other; another physician stated that an accurate vision test cannot be made because of Helen's "bizarre behavior." The same kinds of conflicting reports were made on the child's hearing.

The family had made the rounds of the state agencies normally offering services for special needs children. Specialists could not agree that Helen was blind, so she was refused by residential programs for visually impaired children. Residency requirements kept her out of other programs. None of the state agencies had appropriate programs in or near Helen's home town. One state school looked like a placement possibility for a while, but Helen's parents did not want her placed there. Finally, the couple had found an opening at a private nursing home, but monthly payments of about $300 were an enormous drain on their small income.

The burden on Helen's parents was more than financial. Since Helen was born, they had not been able to get the help they needed to care for her and encourage her progress. The worry and sadness this predicament caused weighed more heavily as time went on, until at last they could barely cope with their own lives.

Helen's father was asking the Help for Children advocate to find a residential state-run program that would take his daughter, or financial assistance in the nursing home payments. Day programs were out -- Helen's parents, stretched to the limit, did not want her living at home again.

The Help for Children advocate brought Helen's case to the agencies again. Neither the Department of Mental Health nor the Department of Public Health had programs for which the child was eligible. Private programs were scarce and expensive as well, and Helen needed services that were beyond the capacity of the Office for Children to fund.

The Help for Children advocate then contacted the regional supervisor responsible for group residential care in the Department of Public Welfare. The call was somewhat of a long shot, because the advocate was requesting a voluntary placement through the Division of Family and Children's Services, and most regional offices of this agency had temporarily discontinued accepting voluntary placements because caseloads were already too high.

In the region where Helen's parents lived, however, "voluntaries" were accepted. The advocate explained the family's three-year search through a maze of red tape and dead ends, and pleaded that the Division accept her case in order to continue Helen's placement at the private nursing home. The supervisor agreed, Helen remained at the facility, and her parents' heavy financial and emotional burden was lifted.

Although the crisis that beset Helen's family has been resolved, the system's failure to provide good developmental services to all severely impaired children is still the reality. Although financial assistance for Helen's family was finally available, basic supportive services for all these children and their families are almost non-existent.

Helen's needs, and those of many children like her, fall in the gaps between existing agencies and programs. Although the Help for Children advocate resolved the case, Helen's story and others like it that come to the attention of Help for Children are not dropped there. As a "service gap" documented by the Help for Children advocates, services for multiply handicapped children become a priority in Office for Children advocacy efforts, including state-level budgetary and legislative action. In this sense, the cases brought before Help for Children are not really resolved until the system makes needed services available to all children with similar special needs.

What is Help for Children?

It Helps Children. What do you do if you're a parent of a child who needs special services? Usually you begin by calling someone you know. Someone who suggests that you contact your clergyman, or school principal, or maybe an agency located in your area. Sometimes you find help, but sometimes you just keep calling. After a while, you've made a lot of calls but still don't know where to go -- or you know where to go, but you haven't gotten any action. Sometimes the waiting and calling goes on for years.

One of the distinctive mandates of the Office for Children is that it must reach into the community to serve the children the system has missed, to get children through the red tape to needed services. Help for Children is the Office's information, referral and advocacy program designed to do just that. Located in each regional Office for Children, and being developed in many Council for Children areas as well, the Help for Children program provides information about where to go for services, advocacy to secure the services, and follow-up to insure that the service provided was satisfactory.

The cases referred to Help for Children range from cases that are easily solved, to difficult and complex cases that have dragged on for years. The services requested include day care and specialized foster care, homemaker services and physical therapy, drug rehabilitation and special education, legal advocacy and financial assistance and many others.

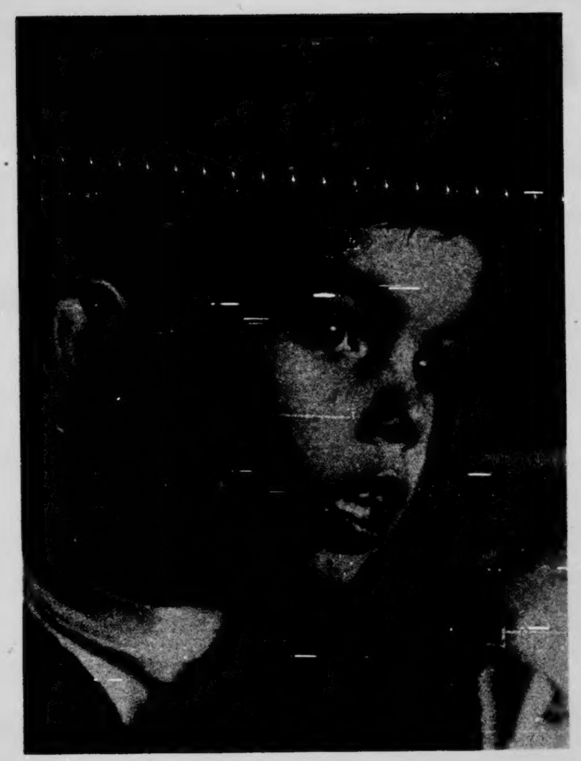
Help for Children phone numbers were dialed by about 6,000 people over the last year. Some calls were made by kids on their own behalf. Many were made by professionals -- such as teachers, social workers, medical professionals -- who knew children not being adequately served. And many of the calls for Help for Children came from the people who could be described as the "original advocates" for children -- parents.

Advocacy, the most important aspect of the Help for Children operation, is not easy to define. It involves persistance and determination to make things happen for children and families. It involves cutting through red tape and confusion to get the facts straight, and then nudging and monitoring and following up in the appropriate places, finally getting the system to respond.

Help for Children advocacy also means helping others -- especially parents -- learn how to advocate for themselves, understand what they have a right to expect, and know how to get action. In this sense, Help for Children frequently advocates with parents as it advocates for children.

Between July 1, 1973 and June 30, 1974, 4,380 out of 6,830 requests for information, referral or advocacy were resolved. For 738 of the children helped, Office for Children purchase-of-service funds provided service when other state agencies were unable to respond.

It Makes Changes to Benefit All Children. Functioning on the area, regional, and central levels, Help for Children is in a unique position to bring about beneficial policy changes. A few changes are dramatic; most are subtle, and are really the result of the staff's continuous activity and watchfulness in every corner of the children's service picture. There are a number of key ways in which Help for Children efforts systematically combine with other Office for Children operations and serve as a principle factor in improving the children's service delivery system:



1. With the Councils for Children. During the first months of 1974, the Help for Children system was adopted on the area level by the six Councils for Children in Region IV. Several Councils in other parts of the state soon followed with the development of their own programs on the Region IV model. With an "area-based" Help for Children system, area staff function as local advocates and ombudsmen, with regional staff as back-up and coordinators.

The Council monitors the Help for Children program, and maintains a close relationship with the staff. Help for Children data reflecting local service "gaps" is used by the Council in developing its own priorities for program funding and advocacy. In general, Help for Children helps the Council monitor the effectiveness of all public and private programs serving area children.

* * *

2. With the Regional Interdepartmental Teams and Project for Children Funding of Individual Children. In each regional Office for Children, the Departments of Mental Health, Public Health, Youth Services, and Public Welfare are represented in an Interdepartmental Team. When area and regional advocacy by Help for Children staff is unsuccessful, cases are immediately brought before the team for resolution. Each team member's familiarity with his or her own agency and its resources, and the team's collective effort to meet service needs that cross agency lines, frequently result in a complete service plan for the child. When no state agency can provide a needed service, the team might also recommend that Project for Children funds be used, if possible, to purchase it from a private agency.

This "working relationship" between the Office and representatives of the service-providing state agencies brings service gaps into focus, and on a number of occasions has resulted in positive agency policy changes on the regional level.

3. With the Central Office. Unfortunately, Help for Children can't help all children. Long-established agency policies and priorities exclude many children whose service needs are complex, some parts of the state have fewer programs than others, and some badly needed services simply do not exist. It's the practice of Help for Children never to consider a case "unsolvable", but rather to consider that such cases are "stuck" in the system that the Office is working to change.

Throughout the past year, the staff of Help for Children and the Central Office worked to develop a system of data collection designed to use the "stuck" cases and the service gaps they represent, to shape the priorities of the Office as a whole. This data system is now in place, and will be extremely useful to the Program Development staff and to the Councils in planning future Children's Budgets and strategies for statewide policy changes.

A simplified system of case documentation was in place during the past year. Since the statewide Help for Children network was not yet fully developed, this year's data was only partly applicable in mapping out priorities in the 1975 Children's Budget and in program development projects.

On the other hand, this data has already been useful in alerting the central office Help for Children staff to the need for urgent state-level advocacy on behalf of children or groups of children with "stuck cases."

An example of this kind of effort is one involving the Division of Special Education's programs for special needs children. Under these programs--which Chapter 766 replaces --the Division was responsible for purchasing residential and day services for children referred by their parents and local schools. Administrative problems and a shortage of funds, however, had created a waiting list of 757 children in 1973, and over one-third of these children had come to the attention of Help for Children. These "stuck" cases were documented by the central Help for Children staff. Persistent advocacy efforts led to a supplemental budget approved by the Governor and the legislature for the Division of Special Education to provide the needed services.

The central office will relate to the fully implemented Help for Children program in two ways: to solve specific cases by intervening at the state level of appropriate agencies, and to solve issues reflected in the documentation of Help for Children cases. Both roles might involve budget requests, legislative action, or interdepartmental coordination aimed at closing the gaps that prevent children from being served.

Help for Children - Summary Statistics

MAJOR CATEGORIES OF SERVICES REQUESTED

SEVEN MONTH TOTALS
October 1973 - April 1974

Service Category		Number of Requests		
		Total	(Estimated) Resolved	Unresolved
Special Education (includes "750", "900", Supplemental Ed., Special Ed. for gifted and disadvantaged, informal ed., ed. for physcial handicapped)		466	340	126
Placement Services		338	247	91
Foster Care	200			
Group Residential Care	109			
Adoption	29			
Day Care		257	187	70
Financial Aid (including Medicaid, AFDC, emergency welfare)		244	178	66
Counseling (including Supportive Services, Family Strengthening. Social Group Services, Inter-group relations)		219	160	59
Homemaker Services		212	155	57
Protection From Neglect, Abuse, Exploitation		142	106	36
Medical Care		125	91	34
Legal Aid & Rights		112	82	30
All Other		895	654	141
		2999		

Help for Children - Summary Statistics

REQUESTS FOR SERVICE

TEN MONTH TOTALS
July 1973 - April 1974

Total Cases	4223		
Resolved		3070	(73%)
Unresolved		1153	(27%)
Who Calls			
Professional		1966	(47%)
State Agencies		655	
Local Agencies		1095	
Public School		216	
Family (excluding child)		1661	(39%)
Friend		127	(3%)
Child		30	-
Other		439	(11%)
Child Age Distribution			
0 - 5		1128	(26%)
6 - 12		1208	(28%)
13 - 18		1265	(29%)
Other		630	
Child Sex			
M		2180	(51%)
F		1415	(33%)
No Information		628	

Standard-Setting, Licensing and Consultation

Group Residential Care and Placement

The Group Care and Placement Unit sets standards for, and licenses or approves, all group residential care facilities and agencies placing children in adoptive and foster homes. With the assistance of two advisory committees, each representing service consumers and providers within and outside of government, the unit has developed new regulations for each kind of service. New group care regulations were promulgated on April 30, 1974 following public hearings. Hearings on standards governing foster care and adoption placement were held in June, and regulations will be promulgated within a few months.

New Standards

1. Summary of Group Care Facility Regulations

As promulgated by the Office in April 1974, these standards include these requirements:

-- that the facility set down its goals, policies, and procedures for providing social, psychological, medical, educational, vocational, religious, and recreational services;

-- that each child in care be fully evaluated and his or her own needs be assessed;

-- that an individual program plan for meeting the needs of each child in care be written and reviewed every six months;

-- that each child be involved in and understand fully his or her own program plan;

-- that summaries of children's progress reports be available to their parents;

-- that each child in care be assigned a "case manager" responsible for assuring that his or her program is implemented;

-- that "follow-up" contacts with the child are made after he or she leaves the facility.

2. Summary of Foster Care Placement Agency Standards

As drafted for a public hearing in June 1974, the standards include these requirements:

-- that each child and family be assigned a social worker responsible for assuring that the needs are identified and that a service plan for meeting these needs is developed;

-- that each child's service plan is reviewed regularly and updated;

-- that social workers assigned to children and families have, or are supervised by staff who have, an advanced degree in social work or a related field and at least one year's experience in providing direct services;

-- that agreements between the agency and parents be signed and renegotiated every six months;

-- that foster parents participate in developing and implementing service plans;

-- that foster parents be considered as potential adoptive parents if a child in their home is released for adoption.

3. Summary of Adoption Placement Agency Standards

As drafted for a public hearing in June 1974, the standards include the requirements listed above, and in addition include these requirements:

-- that each adoption agency study or refer to an appropriate agency every adoptive parent applicant;

-- that the agency identify its criteria for adoptive parents and make this information available;

-- that any child released for adoption be registered with an adoption resource exchange if an adoptive home is not identified within 60 days.

Licensing and Consultation: Private Agencies

The licensing staff began reviewing agencies and programs in mid-1973 under existing regulations. About 110 private group care facilities and 57 private placement agencies are subject to licensure by this unit. The staff, working from seven regional offices, spend considerable time in on-site visits, reviewing every aspect of care and services provided by the program.

Licensing procedures focus on insuring compliance with regulations, but also involve consultation and technical assistance to help programs improve the quality of care beyond licensing standards.

Approval and Consultation: State Administered Programs

State law requires all public group care facilities for children and public agencies placing children in foster and adoptive homes to be approved by the Office for Children under the same standards governing private programs. These programs include:

Group Care Facilities

1. Department of Youth Services - Detention Centers
    - Roslindale Detention Center
    - Westfield Detention Center
    - Worcester Detention Center
    - F. L. French Youth Forestry Camp (East Brewster)
2. Department of Mental Health - State Schools for the Retarded
    - Belchertown State School
    - Fernald State School (Waverly)
    - Monson State School (Palmer)
    - Hogan Regional Center (Hathorne)
    - Dever State School
    - Wrentham State School

Placement Agencies -- Adoption and/or Foster Care

1. Department of Public Welfare - Division of Family and Children's Services
2. Department of Youth Services
3. Department of Mental Health

The review procedures for public programs will be similar to those for private programs. The Office will work with appropriate commissioners to insure that budget-related needs uncovered in the licensing study are reflected in the departments' upcoming budget requests.

Day Care

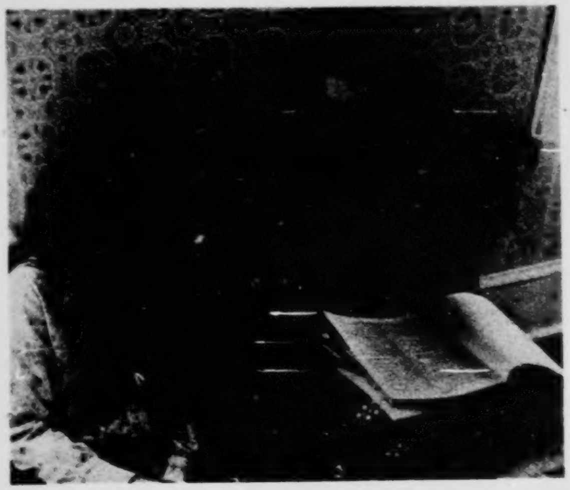
The Day Care Unit develops standards which all day care centers, family day care homes and family day care systems must meet in order to receive a license to operate. In addition to evaluating and licensing the facilities that offer these services, the unit helps providers deliver child care of good quality.

New Standards

The unit selected infant-toddler day care as the priority area for standard-setting this year, because regulations for these services are non-existent and because of the recent emphasis on the development of these programs. In early summer of 1973 the Day Care Unit established a task force to develop new standards for infant-toddler care. Drafts of the infant-toddler standards have been circulated among service providers, and final regulations will be promulgated after testimony given at the June 1974 public hearing is fully evaluated.

These proposed Infant-Toddler Day Care Standards cover the following key points:

1. *Parent Involvement.* At the core of the standards is an underlying concern that parents be involved as much as possible in the day care program, through visits to the center, exchanging information with the day care staff,



having complete access to their children's records, receiving regularly written reports, and through actually deciding with the staff the services the children receive.

2. *Individual Service Plans*. Procedures for the sleeping, feeding, diapering and toileting, discipline, and playtime of each child should be undertaken according to an individual written plan agreed upon by both the center staff and the child's parents.

3. *Safety Standards*. The proposed regulations include strict health and safety standards, including those for immunization schedules, administration of medicine, emergency procedures, and transportation.

4. *Staff Qualifications*. Recognizing that qualified staff may have a range of qualifications based on both education and experience, the Office has devised a range of qualification equivalencies for each staff position.

5. *Staff-Children Ratio*. Because of the specialized and frequent care required by very young children, the standards would require that no more than 28 infants and toddlers be cared for in any one center, and that the staff-child ratio be one to four.

The Day Care Unit also has established a task force to develop new standards for family day care. These standards will be the subject of public hearings in late 1974. The same process will be utilized for the development of standards for day care centers, and the target date for promulgation is mid-1975.

Existing standards, now being used by the Office for Children, are those that were developed by the Department of Public Health prior to the establishment of the Office.

Licensing and Consultation

On December 3, 1973 the Office for Children assumed responsibility for the licensure of the state's 1,300 day care centers and 800 family day care programs. Licensure of 14 infant-toddler day care programs awaits the promulgation of regulations by the Office.

In each region a day care licensor and an early childhood educator are responsible for evaluating the "group" day care centers; a family day care licensor handles the home-based, family day care programs. Licensing staff have been specially trained in the techniques of providing specialized care to children in each kind of facility. They have participated in courses in supervision and workshops in child development and the needs of infants, toddlers, and pre-school children.

Licensing staff conduct site visits, observing every aspect of the children's experience in the program. Working very closely with program staff, they serve as resources and technical assistants to enable programs to provide quality care.

Following a practice previously used by the Department of Public Health, the Office for Children began by delegating to 96 cities and towns the authority to license local day care programs. Throughout fiscal 1974 the Day Care Unit gave these delegated licensors direct support and technical assistance to better enable them to apply the state standards and to insure that children in care are well served. At the same time the unit evaluated the capability and effectiveness of these delegations.

By the end of the year it became apparent that this function would be better performed by the Office for Children directly. The Office will take over this responsibility from most of these cities and towns in fiscal 1975.

The Office for Children day care staff, especially those in regional offices, regularly receive calls from groups and agencies who need help in setting up day care services. The unit responds by working with these prospective service providers giving them technical assistance and guidance in day care development, administration, staffing, programming and use of resources.

The Office for Children day care regional staff also provide technical assistance to Councils for Children, apprising them of the need for and importance of licensure, early childhood development, and program evaluation techniques.

Publicity, Media, and Public Information

Because of the Office's community base, its public information function is actually carried out by many people in many forms. The operations of the Councils and the Help for Children program are themselves designed to serve as vehicles for informing people about the children's service system, about state government as it relates to children, and about the issues that affect their children's lives. In short, it can be said that the working philosophy of the Office for Children is based on the premise that the more people know about the delivery of children's services, the better.

Aggressive media relations, publicity, and public information functions of the Office for Children have been carried out in the past year through printed information--such as this report--and through the media. These functions are aimed at informing the public about the Office for Children operations, raising public consciousness of children's issues, and encouraging people to become part of a movement to bring about positive changes in the system.

Telling the Office for Children Story

When it first began in early 1973, the Office was not only a new agency, it also represented a new concept in state agencies. The Councils for Children, as new citizen advocacy groups linked to state government, also represented both a new kind of advocacy group and a different, more effective kind of citizen participation in government. Help for Children was more than just an information and referral hotline, but was also a program that provided follow-up and persistent advocacy for children who didn't get help the first time around.

Therefore a major public information function, particularly at first, was spreading the word that the Office exists, what its mandates are, and what it does for children. This has been carried out through printed brochures, including those in non-English languages; news releases and public service announcements, with particular attention given to the local media in Council areas; a quarterly newsletter, "Office for Children Reports," with a circulation of over 10,000; reports on special projects; occasional "alert" mailings to statewide children's advocacy and professional organizations; articles; legislative testimony; and speeches delivered by Office spokemen.

The inherent "news value" of the Office for Children itself has boosted these efforts. The Office and the Councils were the subject of a week-long news series on Boston television, a short television program nationally distributed by Newsweek Broadcasting Service, and coverage by a number of Massachusetts media outlets.

Generating Awareness of Childrens' Issues

Making people aware of a problem is a step toward solving it. And making the public aware of children's service needs is an ingredient in making children's service needs a government priority. Voicing the issues related to children, explaining the workings of a complex children's service system, and underscoring progress when it is made are all part of the Office's public information role.

The 1975 Children's Budget Throughout the months of budget preparation, the Office used newsletters, mailings, and the media to draw attention and support to increased funding for children's services, and to translate proposed items from "budgetese" to an informative list of programs.

"Speaking Out for Children." A "children's wire service"is mailed twice each month to all Massachusetts newspapers and broadcast media. Prepared by the Office, "Speaking Out for Children" appears widely as a printed column on different children's issues, as a basis for reporters' own in-depth stories, and as "back-grounders" for editors and news directors. During the coming year the Office plans to produce and distribute weekly 5-minute radio programs on chil-

dren's services as part of the "Speaking Out" series.

Media Campaigns on Special Children's Issues During Action for Foster Children Week (see section on foster care and adoption) the Office worked to focus the attention of the press and broadcast media to a wide range of issues related to foster children. The media campaign, joined by the Massachusetts Foster Parents Association, Councils for Children, and state and private agenices, resulted in dozens of articles, talk shows, public service announcements, and news features across the state in March and April 1974. The Office also produced two television public service announcements recruiting families for teenagers and special needs children needing homes.

Beginning in mid-1974, the public information units of the Office for Children and the Division of Special Education-Project 766 jointly launched a similar media campaign to stimulate and coordinate coverage of Chapter 766 implementation.

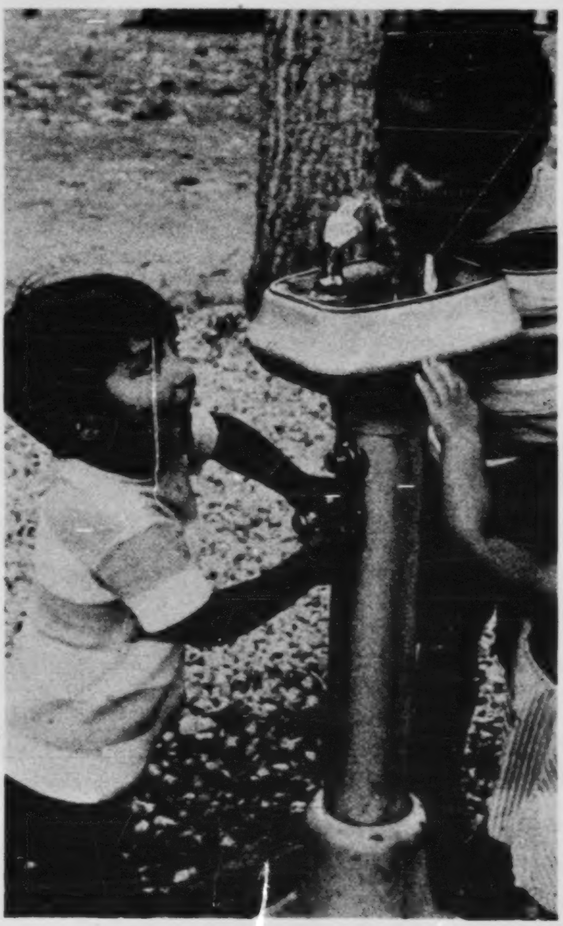
Getting People Involved: Councils for Children

The first step in organizing a Council for Children was telling the people in each community about the opportunity to become involved in decision-making about children's services. In each of the 39 substate areas, mailings, posters, and flyers were augmented by a series of news releases and public service announcements recruiting Council membership and spelling out Council responsibilities. As the Councils were being organized, press mailings announcing meetings, elections, and funding decisions were handled by central Office for Children staff.

Later, when each Council was formed, its members assumed their own press and publicity functions. The Office prepared a publicity workbook as a guide for Councils, and over the months many Councils have developed aggressive public information components, generating regular news releases, letters to the editor, talk show interviews, and newsletters covering local issues and Council operations.

Getting People Help: Help for Children

Because its goal is to assist children and families whom the system has left behind, publicity is a crucial ingredient in the Help for Children program. As the regional and area Help for Children programs began their operations, the Office produced a series of news releases, public service announcements, and printed information aimed at the communities each program serves. Now that a statewide Help for Children network is nearly in place, an intensified publicity effort is planned for late 1974.



Program Development

Three factors make the Program Development Unit of the Office for Children different from its counterparts in dozens of other agencies and organizations.

The first factor is that program development is integrated with other Office for Children operations. Outreach, program evaluation, advocacy and data collection are conducted by Help for Children, the Councils for Children, and on the regional office level, and all these functions contribute to effective program development.

The Office's position in state government is the second factor. While Councils are community-based citizen advocates, the Office itself works within state government. In its first year, the Office played a strong role in the budget process of the major service-providing agencies. This role, along with the Office's authority to evaluate many state-administered programs, and with its legislated mandate to coordinate the development of all children's services, has put the Office in a unique position to make needed programs a reality.

The third factor is an important but often overlooked key to the Office's effectiveness in program development: unlike other agencies, the Office simply does not have to get "bogged down" with directly providing children's services. Free from large-scale, day-to-day program responsibilities, the Office can concentrate its efforts on the coordination and advocacy functions needed to improve the system upon which children depend.

Program development is a very basic purpose of the Office for Children. Coordinated by a small core unit in the central office, the program development effort consists of identifying existing resources for children, discovering what services are needed, and getting the system to respond.

Given the complexity of the system, the scarcity of hard data on state agencies' expenditures for children's services, the rigidity of many long-standing departmental policies, and the difficulty of sorting out priorities among children's service needs--program development is by definition an ongoing process of digging, compiling, analyzing, and advocating.

Nonetheless, it is a process which has already borne fruit. Achievements in the 1975 Children's Budget, and the process that led to its passage, are described in another section of this report. The next section, "Children's Services in 1974", outlines ten major program development issues taken up by the Office in the past year.

Through program development, a number of important "missing pieces" in the children's service system were put in place this year, and many more have been targeted for future action.

The rest of this section explains some of the ways in which the process called "program development" works.

Task Forces
Action Tools for Urgent Projects

New emergency services for runaway children, a state-wide system of preschools for the handicapped, and a new comprehensive center for children in western Massachusetts were targets for just some of the special task forces established by the Office for Children this year. Representing cross-sections of public and private service providers and consumers, task forces have proven to be excellent vehicles for developing programs for children whose needs cross departmental lines.

Task force members jointly pinpoint problems, recommend action, prepare proposals, and use their collective influence and expertise to effect positive change. Task forces have also identified needed long-range reforms to be made through legislation, standard-setting, and budget allocations.

Technical Skills as Instruments for Change: Sharing Know-How

Designing and evaluating programs, planning budgets, writing proposals, securing appropriate funding, and simply finding one's way through channels of governemnt, all demand special skills of any organization trying to serve children.

The Program Development Unit frequently lends its expertise in these areas to children's advocacy groups, Councils for Children, and state and private agencies large or small. In the past year the unit helped over 50 groups improve their services, design new programs, and seek federal, state, and foundation funding.

Budgeting for Children

Building a comprehensive -- and comprehensible -- state budget for children's services has been central to the Office's advocacy role. This task has involved pushing for expansion monies for needed services, while providing the state's first accurate accounting of how its agencies spend existing funds.

Documenting What's There: Children's Budgets for Human Services Agencies

During the past year, the Program Development Unit has been preparing separate reports on the budget of each Human Services department. Covering the Departments of Mental Health, Public Health and Youth Services and the Massachusetts Rehabilitation Commission, the reports show how much money is allocated to children's services out of the total budget of each agency. It then outlines in more detail how and for what programs the "children's budget" of each agency is spent.

The reports represent the first step in providing an accurate accounting of money currently spent on children by Massachusetts state government.

Documenting What's Needed: Help for Children Data System

Also essential to a planned and coordinated budget process is a system for documenting what services are needed. Using the Help for Children program, the Office has devised a data collection system to serve this purpose. Nineteen variables related to service needs and resources form a statistical picture of each service request made to Help for Children. The new system, in place during the last two months of fiscal 1974, will provide invaluable data about specific service needs across the state and the ability of the existing programs to respond. Plans for computerizing the system are already underway.

Turning Needs into Services

In addition to the projects, including the 1975 Children's Budget, outlined in other sections of this report, the following two examples illustrate some of the Program Development Unit's efforts.

Federal 89-313 Funding

During the past year, the Office coordinated the development and distribution of more than half of the federal funds Massachusetts received under the 89-313 program. This money, allocated by the federal Department of Health, Education and Welfare on the basis of each state's handicapped population, provides educational services for children with special needs. Among the children benefiting from these new and expanded programs are foster children, residents of state schools for the retarded, and physically handicapped children in community-based day programs.

The state Department of Education is designated by the federal government as the conduit for these funds. The Office for Children has served as coordinator of 89-313 applications made by the Department of Mental Health, Public Health, and Public Welfare to the Education Department.

The Northampton Children's Center

Another Program Development effort grew out of a severe shortage of local programs serving western Massachusetts children, particularly in Franklin and Hampshire Counties, and resulted in the Northampton Children's Center. Children's advocates in the region had long been pushing for more resources, and the closing of the Northampton School for Girls sparked a drive to turn the campus and its buildings into a regional services and resource center. Funds to purchase the facility were approved by the legislature, and the 1975 Children's Budget included $500,000 in Mental Health Department funds to develop services at the center.

Working jointly with the Department of Mental Health, the Office for Children staffed the interagency project to plan and implement the privately administered day and short-term residential programs to begin this year. A broadly based task force, including private agency representatives, public school superintendents, and members of the region's Council for Children and Mental Health and Retardation Area Boards, was formed to oversee the selection of a director and the implementation of programs at the center.

Children's Services in 1974 — 10 Special Projects

Foster Care and Adoption

Frank was seven and his brother was a baby when they were sent to their first foster home. Now Frank's twelve and he can hardly remember his brother--or his parents. Frank was taken away from his first foster home when his bad language got to be "too much" for them. His stealing was "too much" for his second foster family, and he started a fire in the third house before the couple kicked him out. Now he's living in a big place with lots of boys, and he hates it. His mother always fought with Frank's social workers and never came to see him much, and now she never does. He's lonely, and longs for parents of his own--real parents who would never send him away no matter what he did. But Frank is beginning to understand that no one will ever adopt him. Who would want a "bad, rotten kid," he thinks, especially one that's already twelve years old?

The problems of the state's foster care and adoption system are unique in one respect: unlike most of the other children's issues in Massachusetts, the system has been studied fully and the major problems and gaps have been identified. The Governor's Commission on Adoption and Foster Care was established in 1970 to identify these problems, to evaluate exisiting procedures, and to make specific recommendations to the Governor and the legislature. This process was completed in March 1973, during the first months of the new Office for Children, and the Office immediately became involved in implementing the recommended reforms.

The Governor's Commission based its recommendations on the findings of a study undertaken for this purpose by Dr. Alan R. Gruber, Director of Research and Evaluation, Boston Children's Service Association. This project studied all available data on every child who was in foster home care, under both private and state agencies, on November 18, 1971.

While the problem with many children's services is that they are too limited to provide for all the children in need, the Governor's Commission found that the problem with the foster care and adoption system went beyond a simple shortage of foster homes. Instead, they concluded, the system's failure was that it had become a "catch-all" for kids from troubled families, in which:

--too little was done to keep children out of foster care by helping families stay together;

-- too few supportive services were provided children in foster care, the majority of whom have special needs;

--too little administrative and financial support to foster parents limited the potential of foster families as effective advocates for children in care;

--rather than assuring every child a permanent home as soon as possible, either through adoption or through reunion with his or her biological family, the system actually was keeping hundreds of children in a state of limbo.

In short, the Governor's Commission uncovered problems on several fronts. The Office for Children has, from the outset, been closely involved in bringing about change:

1. by working administratively with the Department of Public Welfare to implement the recommendations of the Governor's Commission;
2. by advocating for budget and leg-

islative action;

3. by working closely with the Governor's Commission, child welfare professionals, and foster and adoptive parents to focus attention on these problems;

4. by organizing foster parents and encouraging their active involvement in local Councils for Children and in the Massachusetts Foster Parents Association; and

5. by developing new, comprehensive standards for the licensure and approval of all foster care and adoption placement agencies in Massachusetts (see section on Group Care and Placement Licensing and Consultation).

The Report of the Governor's Commission on Adoption and Foster Care

The following is a summary of the major recommendations made by the Governor's Commission on Adoption and Foster Care, in March 1973. Most recommendations apply to the Department of Public Welfare, the state's major placement agency.

Immediate Steps

1. Social worker coverage for the 1,670 "uncovered" cases.
2. A Strike Force of adoption workers and lawyers to free for adoption all children who have been abandoned by their parents.
3. All children freed for adoption should be automatically referred to the Adoption Placement Unit; all children so referred who are not placed within three months should automatically be referred to the Massachusetts Adoption Resource Exchange; use should be made of all other resources to find adoptive homes including groups of adoptive parents and foster parents.
4. All vacancies in the Adoption Placement Unit should be filled; staff and resources of the Massachusetts Adoption Resource Exchange should be immediately increased.
5. Evaluation and treatment of special needs children whom the study has shown have never been evaluated.

Long-Range Reforms

1. A system to provide services by other agencies to the child and family, to prevent foster care placement.
2. A comprehensive screening and evaluation of all foster children, leading to a total treatment plan, utilizing state and private services.
3. Every foster child coming into care must have a court order or a written agreement specifically spelling out the commitment of biological parents to the child. No single agreement should be in force more than six months.
4. All foster parents should be given necessary training and support to carry out their responsibility to the child.
5. Recruitment of foster parents should be completely reformed and revitalized in local areas throughout the state.
6. No child should be placed in a foster home without adequate preparation of the foster parent and complete disclosure of information about the child's special needs.
7. Foster parents should be given authority, under guidelines set by the Department and approved by the Office for Children, to obtain all necessary diagnostic and treatment services for their foster children.

8. Specialized foster homes should be available for children with special needs. Compensation and training for such professional foster parents should be greater than that of regular foster parents.

9. All children in care who have been abandoned by their parents for one year should be referred to the legal department and the Adoption Placement Unit for proceedings to free them for adoption.

10. No child should be considered "unadoptable."

11. The Office for Children should monitor the implementation of the program for subsidized adoption.

12. A foster parent who has satisfactorily cared for a child for a substantial period of time should be considered as a prospective adoptive parent.

13. Payments for medical and other professional services should be made efficiently and promptly.

Essential Administrative Changes

1. An effective information and client tracking system to aid social workers and administration in knowing the status of each child under their care and in assuring his well-being.

2. Clear operational policy governing: foster parent responsibility; standards for decisions on reuniting the family and on terminating parental rights in preparation for adoption; and rights of foster children.

3. A training program for all child care workers to insure acquaintance with criteria for establishing plans for children and families, and a system to guarantee supervision and accountability.

The Governor's Response

Following the release of his Commission's report, Governor Francis Sargent lifted a hiring freeze to enable DPW's Division of Family and Children's Services to bring on 205 additional child welfare workers to cover the 1,670 foster care cases found to be without supervision. The Governor directed the Division to take immediate steps to arrange for the adoption of all foster children eligible for adoption, and to provide diagnostic and rehabilitative services to all foster children in need of them.

Finally, the Governor directed the Office and the Department of Public Welfare to devise a specific plan to implement all the Commission's recommendations.

The Action Plan

In June 1973, the Office and the Department submitted to the Governor a plan for implementing both the immediate and long-term recommendations of the Commission. The plan included the formation of an Action Steering Committee, headed by the Office for Children Director and including the Department of Public Welfare Commissioner, social workers, foster parents, and private and public agency representatives. The Action Steering Committee was directed to monitor the implementation of the recommendations, and Department of Public Welfare's Assistant Commissioner for Social Services was assigned to carry out the Committee's work.

The immediate measures identified in the Action Plan were aimed at the Division of Family and Children's Services, and included:

1. Providing social workers for the 1600 "uncovered" foster care cases;

2. Through a strike force of adoption workers and lawyers, taking steps to free for adoption all eligible foster children;

3. Conducting a complete review of the diagnostic and rehabilitative needs of every foster child under the Division of Family and Children's Services, and meeting these needs with appropriate supportive services.

The Action Plan agreed on by the Office and the Department also called for the creation of an Administrative Review Team composed of staff from the two agencies. Designed to implement administrative changes recommended by the Steering Committee, the team was to visit local offices, and work with administrative staff, line workers, foster parents, and others essential to the success of these changes.

The Action Plan also included the establishment of ten "Implementation Task Forces" to recommend long-range steps. The Task Forces, which represented placement agencies and foster and adoptive parents, were staffed by the Office for Children and the Department of Public Welfare and were formed around the following issues:

1. Foster care coordination among departments and private agencies.
2. Development of methods for preventive services to help families stay together.
3. Contracting with private child welfare agencies.
4. Adoption.
5. Department of Public Welfare relationship with Massachusetts Adoption Resource Exchange.
6. Evaluation and treatment of foster children in care.
7. Training of Department of Public Welfare staff.
8. Group care and specialized foster homes.
9. Intake.
10. Child care information system.

Action Taken Since the Commission's Report - Fiscal Year 1974

Immediate Steps

By July 1, 1974, the Department of Public Welfare had taken the following action toward fulfilling the "immediate steps" outlined by the Governor's Commission in 1973:

1. Social worker coverage was provided for all the "uncovered" cases.*
2. All but 22 of the vacant child welfare staff positions were filled.*
3. Twelve attorneys have been working as part of a "strike force" to free for adoption all 428 adoption - eligible children. This work has resulted in petitions brought before Probate Courts since September, 1973.
4. Over 1,200 children's cases related to adoption have been handled by the Legal and Adoption Placement staff since July 1973.
5. All vacancies in the Adoption Placement Unit have been filled. A measure to increase the staff of the Massachusetts Adoption Resource Exchange was submitted by the Governor as part of the fiscal year 1975 budget, but was not passed by the legislature.
6. Treatment plans and referrals have been made for all children with special needs found to be needing evaluation and services.

Long-Range Reforms and the FY 1975 Budget

As the Implementation Task Forces went to work on the tough "core issues" of the foster care and adoption system, they first focused their attention on the issues that had funding implications. As they worked, the various state agencies were preparing their budget requests for fiscal year 1975, and the Task Forces and the Action

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*The fiscal 1975 budget did not provide sufficient funds for the Department to maintain this level of case coverage. A new crisis regarding uncovered cases is occurring as this report goes to press in fall, 1974.

Steering Committee pressed to make their recommendations priority items.

These efforts were successful. Several key items related to foster care and adoption (see section on the 1975 Children's Budget) were among the $20 million in new and expanded children's services—the Children's Budget—submitted by Governor Sargent as part of the budgets of the Office for Children and the Department of Public Welfare, and were passed by the legislature for implementation in July 1974.

1. Increased reimbursement rates for foster families.
2. New foster care services, including specialized foster homes, emergency foster care homes, and liability insurance for foster parents.
3. A Family Resource Exchange, administered by the Office for Children, to pool recruitment, homefinding, and placement efforts.
4. Services such as counseling, homemaker services, and day care to prevent families from breaking up.

In addition to these budget-related reforms, the Department of Public Welfare has undertaken several administrative measures recommended by the Implementation Task Forces and the Action Steering Committees. These measures include the following:

1. In an effort to provide good primary medical care to all foster children, the Department is working to develop a system of Early Periodic Screening - Diagnosis and Treatment, and has contracted with 130 providers who will deliver these services to all medical assistance - eligible children.
2. As a first step in providing training services for all foster parents, the Department has arranged five Bristol Community College courses for both new and experienced foster parents in southeastern Massachusetts.

Administrative Reforms Still To Be Tackled

The Implementation Task Forces and the Action Steering Committee will continue their work during fiscal year 1975. Still to be implemented are the following major priorities:

1. The Administrative Review Team, an essential part of the June 1973 Action Plan, must be established to implement all recommendations.
2. An information system must be established to provide the Administrative Review Team with reports enabling it to monitor the implementation of service plans for each child in foster care.
3. An effective system for training all child welfare workers must be put in place.
4. Policy and resource barriers to the establishment of a system of preventive services (day care, homemakers, family counseling) must be removed.
5. Continued vigilant efforts are needed to make permanent placement and adoption a reality for all children for whom foster care is no longer the treatment of choice.

6. Monitoring of case coverage must be continued to assure that no child in care is without a social worker.

7. Agreements must be established under which biological parents, foster parents, and the Department can clearly understand their respective rights and responsibilities.

Other Projects in Foster Care and Adoption

Foster Parent Organizing

The 3,000 foster parents in Massachusetts, as direct service providers and as advocates for their foster children, remain an untapped resource in the movement for reforming the foster care and adoption system. As individuals they have provided immeasurable hours of service to children, often without adequate training and support to meet the special needs of the foster children. As a group they have been scattered and silent, cut off even from the professionals--administrators and child care workers--who have allotted them the very difficult responsibility of foster parenting.

The Massachusetts Foster Parents Association was formed in 1971 as a vehicle for articulating the concerns of foster parents as experienced service-providing non-professionals and as advocates for foster children. The development of the Association as a strong voice has proceeded slowly, but the Office for Children has sought to encourage the participation of its members in local Councils for Children, in the Implementation Task Forces, and in advocating for a better foster care system. A Foster Parents Association board member and a former foster parent serves on the Office staff as a liaison between foster parents and state government.

Action for Foster Children Week

When the week of March 31-April 6, 1974 became the nationally-observed Action for Foster Children Week, the Office for Children took it up as an opportunity to heighten public awareness of the needs of foster children and to promote efforts to improve the system. Office for Children staff coordinated the joint efforts of the Welfare Department's Division of Family and Children's Services, the Massachusetts Foster Parents Association, local Councils for Children, and other public and private placement agencies.

Action Week focused on three ways of reaching the public:

1. The media. A concentrated effort to make use of as much free air time and news space as possible resulted in: news and feature stories on foster families, legislation, pending budget items, and Action Week events; editorials and talk shows; t.v. public service announcements recruiting foster families; and spot announcements encouraging the public to support foster families in their communities.

2. Official observances. At the State House, Governor Francis Sargent and some agencies concerned with foster children participated in a ceremony for the signing of a Bill of Rights for Foster Children. Senate President Kevin Harrington and House Speaker David Bartley conducted observances of Action Week, and mayors and selectmen of at least 17 Massachusetts cities and towns held local ceremonies.

3. Community efforts. In communities throughout the state, foster parents, Division of Family and Children's Services staff, private agency representatives, and Council for Children members organized recruitment, fundraising, and publicity efforts to increase local public awareness of the needs of foster children.

Public Information Series on Adoption and Foster Care

For six weeks in early 1974, the Office for Children and Bunker Hill Community College co-sponsored a weekly public series on adoption and foster care at the college's Charlestown (Boston) facility. The course presented as speakers foster and adoptive parents, and representatives from the Division of Family and Children's Services, the Department of Mental Health and Youth Services, the Massachusetts Adoption Resource Exchange, and private placement agencies. Planned by the Office, the program covered issues ranging from the problems of children who need families and the challenges of foster and adoptive parenting, to the problems of the child welfare system as a whole.

The objectives of the course were to recruit foster and adoptive families, and to inform participants about issues facing the child welfare system. For the parents and professionals attending the classes, the program was certainly a success and would serve as an excellent model for future adult education training courses. However, the Bunker Hill series itself attracted just a small number of Boston area residents and failed in that it was a good information package reaching only a very few.

Coming..."Families for Foster Children"

Office for Children programs to improve services to foster and adoptive children will continue administratively (see section on "Problems Still to be Tackled," above) and through the Office's licensing and approval mandate (see section on "Group Care and Placement Licensing and Consultation".) However, a brand new instrument for closing the gaps in the system will be taken up by the Office this year in the form of "Families for Foster Children" (formerly known as the Family Resource Exchange).

In Massachusetts,34 private licensed child placement agencies and four state departments (Public Welfare, Youth Services, Mental Health, and Public Health) now carrying on independent programs of recruitment, publicity and training. While these agencies generally try to cooperate with each other, there is no formal coordination of their efforts, and the efforts themselves often duplicate and compete with each other.

Besides the lack of coordination in homefindings and recruitment, there is no system for referring inquiring families to the appropriate agency or department, and no central information bureau in Massachusetts that informs child-placing agencies about each other's programs. One consequence of this situation is that potential family resources get lost in a maze of telephoning instead of being directed to a receptive agency.

The Office for Children budget for fiscal year 1975 provides for a Family Resource Exchange to facilitate the placement of children in foster and adoptive homes. The proposal for an exchange, now named "Families for Foster Children," grew out of recommendations of the Implementation Task Force on Inter-agency Coordination in Foster Care. Modeled after the Massachusetts Adoption Resource Exchange (MARE), which has had noted success in finding homes for hard-to-place children, Families for Foster Children will coordinate the recruitment, homefinding, and publicity efforts of all placement agencies that wish to participate.

Day Care

At 24, Mrs. B. couldn't remember deciding that she wanted to be a wife and mother, but that's what she had been since she was 17. She never stopped to think about it until a social worker suggested that her three children might have to be placed in a foster home because they weren't getting proper care.

Being a good parent is what I want to do, Mrs. B. thought to herself, but the thought just made her depression worse. Her husband wasn't any help, the marriage was falling apart, there wasn't enough money, and she -- well she couldn't help it but she just tended to take it all out on the kids.

Mrs. B. told the social worker that she could get the family on its feet again -- if someone could just help her get on hers. She had once talked to a good counselor about her marriage -- but she couldn't afford to go back for more help. And what about her preschool children? Wouldn't it help if they got away from her -- to a healthful place during the daytime -- while she got her life straightened out again? But she couldn't afford day care.

Day care, the social worker told her, is provided only to families of low-income, or to those who have already broken up. Those on the brink of a crisis have to pay for it themselves. Mrs. B. couldn't afford to, nor could she give her children the care they needed.

Eventually they were placed in a foster home, and eventually Mrs. B's husband left her. To Mrs. B. it seemed she was suddenly no longer a wife or mother, but a lonely, angry woman. And to her children, it seemed there was no longer a home.

Day care represents another area in which services -- their quality and availability -- have been widely examined, most notably in the 1972 Massachusetts Early Education Project study under the Harvard University Program in Public Psychology and the Massachusetts Advisory Council on Education. The following year the Governor's Commission on Adoption and Foster Care listed day care as one of the key services needed to prevent the breakup of troubled families. In terms of education and child development, the enormous potential of day care programs is well documented. And the experience of Councils for Children, bombarded with proposals for day care funding, and Help for Children, which received hundreds of requests for child care services, is testimony to the widespread need for more of these resources.

The question still to be answered is whether the Commonwealth, through its social and budget policy, will expand its commitment of providing day care only for low-income families, to include wider funding for programs not tied to income restrictions.

Such an expansion would require a "philosophical leap" from support of child care as a work-training-related service whose narrow aim is enabling parents to re-enter the employment mainstream, to a broad commitment to child development and to putting child care services within the financial reach of any Massachusetts family who needs them.

The state's track-record for the past several years indicates that government is still far from making such a leap. Welfare-related day care programs have been funded through the Department of Public Welfare at a level of about $7.5 million per year, plus some additional funds for "emergency" child care for individual children. This has not even been adequate in providing services for the low-income population.

The Past Year: Not Leaps, but Forward Steps

During fiscal 1974, however, the child care picture grew a little brighter. For example, the Public Welfare Department's 1975 budget for the first time includes an account solely for day care. "Broken out" of the Aid to Families With Dependent Children (AFDC) account, the new account for day care combines the funds used to contract programs with private agencies, and those previously spent by the Department of Community Affairs to provide day care in public housing.

With this development, which the Office for Children had strongly urged, the Commonwealth will at last be able to measure and evaluate its role in providing child care services. The new account can lead to better management because expenditures will be well defined, and more effective advocacy because the debate will hinge on much clearer issues.

A second major budget development related to day care is a Demonstration Day Care Project, a new pilot program which will for the first time provide child care to children of working families on a sliding-fee-scale basis. Part of the 1975 Children's Budget, $500,000 in the Department of Public Welfare's new budget will result in demonstration models for "working family" day care across the state.

In addition to its role as the major advocate for the project, the Office for Children has served as the architect of the sliding-fee-scale which will allow participating families to pay for child care services on a scale whose factors are income and family size. The programs selected for funding will be those which reflect a concern for family needs beyond child care, and those which demonstrate dollar-stretching financial arrangements, such as matching-funds and parent cooperatives. Day care programs funded under the new project will be selected by the new Statewide Day Care Advisory Committee of the Statewide Council for Children.

The Day Care Advisory Committee, representing the Department of Public Welfare, the Office for Children, and Councils for Children, recently became the state's day care policy board. It provides for the first time a mechanism for reviewing all day care programs contracted with private agencies by the Department of Public Welfare and the Office for Children, and for reallocating funds according to geographical priorities. The Office for Children recently completed a region-by-region study of resource allocations to identify the child care service gaps still to be filled.

New day care legislation, passed by the legislature and signed into law this year, is another step in the right direction. Under this law, the Commonwealth now recognizes that child care is a legitimate employment-related expense of working parents, an expense which parents may deduct from their state income tax payments.

Prospects for Fiscal 1975

As the new fiscal year begins, several additional developments are paving the way for improved quality and delivery of child care services. The Office for Children has received two grants, of $50,000 each, from the Bureau of Developmental Disabilities. Under the first, the Office will administer start-up grants for new programs providing child care and supportive services to infants and young children with special needs. The relative high cost of launching programs for special needs children has been a main reason why such programs, though they are badly needed, are scarce in Massachusetts.

The second grant allows the Office for Children to develop special standards for day care programs serving special needs children of all ages.

Although day programs for children with special needs are critically important factors in preventing the institutionalization of children, no standards have been written to cover this particular kind of child care. The grant will enable the Office to evaluate and provide technical assistance to programs now providing such services, and, on the basis of this experience, to work with a task force to develop licensing standards for service providers.

As described in this report's section on licensing and consultation, the Office will soon promulgate standards on infant-toddler day care, and will continue its work on standards designed for other types of child care services. A registration system for family day care programs, the first of its kind in the nation, will be designed and implemented in the coming year.

At the same time, the Office will continue to advocate for a more aggressive state commitment to day care and early childhood education. In recent years Massachusetts has leaned too heavily on conservative federal policy, whose tread-water approach to the national child care situation is evidenced by the fact that no major child development bill has even been debated in Congress during 1974. It's clear that if the Commonwealth is to adopt a policy that is responsive to the needs of Massachusetts families, it must take the initiative itself.

Child Abuse

Billy, age 2, is brought to the hospital with serious burns on his arms and legs, injuries which appear to have been caused by a cigarette. Billy's mother does not have a plausible explanation for the cause of the burns and the attending physician suspects a case of inflicted injury.

The physician, as required by law, reports the child to the Department of Public Welfare and orders Billy held overnight pending the Department's evaluation of the home environment. Seven days elapse before a social worker can do the evaluation; no emergency foster care is available. It costs the Department $840 for Billy's stay in the hospital.

When the evaluation is made, the social worker learns in conversation with Billy's mother that she has three children, that she is single, that she is working, and that Billy is the result of an unwanted pregancy. The mother feels overwhelmed by her life circumstances. The social worker believes the mother is able to work out her problems, but she will need help if she is to keep her family together.

A homemaker is needed for a few months to help this mother organize her household and to give her support and advice in management. Homemaker care can not be provided to Billy's mother because the Department is without available funds for this service. Since there is no other way of alleviating a pressure situation, a social worker is forced to institute court action to remove Billy from his home and place him in foster care.

Unfortunately this is an accurate depiction of how the current child abuse and neglect system frequently operates. The Department of Public Welfare, the agency charged with the major legal responsibility to help abused children and their families, finds itself crippled by a shortage of staff and available resources.

Four major financial and administrative issues have blocked effective response to children and families when abuse or neglect is reported to the Department.

1. Both personnel and resources in the Department are inadequate for processing reports of child abuse and neglect, and for responding to them.
2. Few services are available to help keep families together, so foster care, instead of being the last resort, is very often the only option.
3. The policies of the Department do not emphasize the provision of supportive services to prevent family breakdowns.
4. The Department has no overall strategy or plan for confronting these issues.

Some aspects of these problems are discussed in this report's section on foster care and adoption. However, it may be helpful to take a look at some of the particular issues related to child abuse and neglect, and of attempts to improve the delivery of services to both children and families.

State Legislation -- A Beginning

The problems of child abuse and child neglect have in recent years became more visible in Massachusetts and throughout the country. In 1971 the Governor's Commission on Child Abuse and Neglect estimated the incidence of child abuse and neglect to be anywhere between 7,000 and 40,000 cases per year in the state. Hard information was difficult to obtain because there has been no effective management structure at the state level to provide accurate information.

A legal mechanism for discovering children needing help was developed through legislation over the past ten years, but has never been fully implemented. In 1971 Massachusetts enacted a "reporting statute," legislation requiring physicians, medical officers, and all medical interns to report all suspected instances of abuse to the Department of Public Welfare. Two years later the legislature and the Governor enacted and signed a second law, Chapter 1076 of the Acts of 1973, an even more comprehensive child abuse and neglect reporting statute. This new law:

1. Expands the list of conditions that must be reported, to include injuries caused as a result of neglect and drug dependence at birth.
2. Requires nurses, dentists, school teachers, counselors, probation officers, and policemen, in addition to professionals listed in the 1971 law, to report child abuse and neglect to the Department of Public Welfare. These people are provided immunity from civil and criminal liability for their reports.
3. Requires the Department to offer appropriate social services to the family of any child suffering from abuse or neglect. The services must be those which prevent further injury to the child, safeguard his welfare, and preserve and stabilize family life whenever possible.
4. Requires the courts to appoint separate legal counsel for children in care and protection petitions "when the interests of justice so require."
5. Authorizes the Department to take a child into immediate custody if there is reasonable cause to believe such removal is necessary to further protect the child.

The reporting statute provides a framework for helping abused and neglected children and their families. Until the resources are available to devise management and services able to handle the greater number of reports expected, however, the benefits possible under this law will be unfulfilled.

Some progress in this area was made this year nevertheless. The 1975 Children's Budget drawn up by the Office for Children included two items in the Department of Public Welfare budget which will affect abused or neglected children. Protective services will be expanded by an $84,601 increase in the donated funds program, and a $500,000 increase will allow the Department to provide counseling and homemaker services to troubled families previously ineligible because of income restrictions.

Federal Legislation: Funds Just Beyond Reach

New federal legislation signed in January 1974 will make available as much as $20 million in fiscal 1975 and $25 million in 1976 to states which have a child abuse and neglect reporting statute. Although Massachusetts statute contains the provisions required for funding eligibility, it only covers children under 16. The Department of Health, Education and Welfare (HEW) has advised the Office for Children that Massachusetts cannot receive federal funds because its statute does not include 16 and 17 year-olds. The Office plans to file legislation in the 1975 session to correct this problem.

This same federal legislation, Public Law 93-247 establishes a national Center for Child Abuse and Neglect within HEW. The center will have several functions, including the development of an information clearing house, technical assistance to agencies and organizations, and research.

Finally, Public Law 93-247 requires a state to provide for the cooperation of law enforcement officials, courts of competent jurisdiction, and appropriate state agencies providing services to deal with the problems of abuse and neglect. The Office for Children has been asked by the Secretary of Human Services to provide this coordination. In addition to establishing a task force for this purpose, the Office will work with the Department of Public Welfare to develop a specific budget allocation for protective services in the fiscal 1976 budget. The Office has also strongly advocated for wider eligibility standards for services to abused and neglected children and their families, regardless of income.

Legal Advocacy for Abused and Neglected Children

Child abuse and neglect cases often end up in court where judges are required to make decisions about the future placement of the child. For the past year, the Office for Children has been conducting a legal advocacy project in western Massachusetts. Under this project, trained and experienced legal counsel is assigned to represent children before the court on care and protection petitions. The project has demonstrated that when a child has a lawyer advocating for his needs and protecting his rights, both child and family are more likely to receive attention and services they need. As a result of this experience, the Office will file legislation in 1975 to establish a children's Legal Advocacy Committee whose function will be to provide skilled counsel for such children in all Massachusetts courts.

Runaways, or Children in Crisis

Debby, age 14, was a quick learner, but not in school. Although she had gotten good marks when she was little, she began to hate school more as life at home got worse and worse. Her mother had a not very-well hidden drinking problem, and her father would sometimes beat her. By the time she left home at age 14, it was her third time as a runaway. She had gone back to her family before, but this time she was sure she'd stay away. She had learned all about street life now, she knew all about drugs and where to get them, how to shoplift and pick up change, and how to find men who would get her a place to stay for the night. Life is hard, she thought when the police finally picked her up with her boyfriend, who was dealing with drugs. Life is hard, but you get by if you learn as you go along ....

Although no one in the state has the means to determine how many children run away from home each year -- for a few days, a few weeks, forever, just once, or many times -- the number is clearly significant and increasing. The few agencies really geared to serving this group of adolescents -- a slim number of temporary shelter facilities and self-help street agencies -- can tell us simply that the needs of children on their own are much greater than the resources available to meet them. The judges, probation officers, and police who have seen a stream of runaways going through the courts echo this alarming assessment of this group of children.

From the late 1960's, when large numbers of young people took to the road mainly in search of brief adventure and a taste of independence, the situation has now changed considerably. One of the pioneers in temporary shelter care, Boston's Project Place, at first provided mostly short-term housing, informal counseling, and referral to kids in their middle to late teens, most of whom had experienced some problems or crisis at home, but few of whom had been badly scarred by these experiences.

As documented in a recent report by the Massachusetts Committee on Children and Youth, the picture today is markedly different. The children who have left their families have, in general, more serious problems, and helping them is a bigger challenge requiring a wider variety of special services:

-- More younger children run away now than in past years. A child of 13 or 14 out on the street is now not at all unusual; even 10 and 11-year old runaways are not a surprise. Usually these are first-time runaways for whom street life is extremely hazardous. However, if the child seeks help and if enough good services are available, family conflicts and other problems can be resolved or at least lessened while he or she is still young.

-- Today a greater percentage of runaways are deeply troubled. Many were abused, neglected, or children of broken families. A significant percentage have run away several times, perhaps from foster or group homes, and they automatically distrust adult help in any form. Helping these kids, or even getting them to ask for help, is very difficult, for they have been badly hurt throughout their lives.

-- A third group of children needing help are not really runaways, but have many of the same needs and problems. These are adolescents in urban areas who never had to travel to a distant city to become "street kids," because they grew up that way. In some respects these young people are less at risk than,say, a runaway from the suburbs; they are not as likely to be hurt by street life itself because they are experienced and wise to its dangers. They are "tough" but for reasons that go beyond the street -- to family conflicts, to poor quality education, to poverty, or perhaps to racial discrimination. Barely into their teens, these children may already be in trouble with their schools, the police, and within themselves.

The need for service for runaways and "children in crisis" is a statewide problem. An estimate of several hundred runaways per year in each of the seven sub-state regions is probably accurate. In two regions in particular, however, the need for services is probably even grater. In Boston a single agency, Project Place, served 400 children in 1973 alone. And on Cape Cod agencies and police have estimated a year-round population of 300 to 400 kids which jumps to well over 1,000 during the summer months.

One of the main problems in serving "children in crisis" is that few of these young people come in contact with the system unless they are arrested for a crime by the police. The key to meeting the needs of these children will be to develop services of such quality that they will request help voluntarily.

Existing Resources

The service picture is bleak for runaways and "children in crisis." There are presently three basic groups of professionals who come into the picture, and for various reasons (all made worse by lack of funds) none of these groups can adequately respond to the large number of children needing help:

1. *Police and courts*, including probation officers, are now responsible for evaluating and placing runaways under the new "Children in Need of Services Act" (Ch. 1073, Acts of 1973). Because the courts are not adequately equipped to assess, much less meet, the needs of children; because the law's county-based funding mechanism doesn't work properly; and for a number of other reasons, the law has provided little or more than a detention system for children who present problems for the parents or professionals who are supposed to help them.

2. *State agencies*, primarily the Department of Public Welfare's Division of Family and Children's Services, are responsible for runaways referred by the courts under the new law, and occasionally for children who come to them voluntarily and for whom the Division obtains custody through the courts. But while both the Division and the Department of Mental Health have the capacity to make evaluations of a child's long-term needs, neither agency has been dependably able to provide the quick "emergency" response required in helping a child who's upset, fearful of being sent home, and distrustful of adults.

3. *"Emergency shelter care"* has been provided successfully by small private agencies operating on miraculously small budgets and staffed by tireless "streetworkers." However, there are less than a dozen such programs statewide, with a collective capacity of only about 100 children at any one time. The shortage of programs offering longer-term placement for children

needing a non-family environment (thus ruling out foster care or returning home), has resulted in longer stays for some children at a temporary shelter, thus reducing the capacity of these programs for an "emergency" response. State support of these programs on a purchase-of-service basis has been minimal in the past, but developed considerably during the last year.

The Gaps in the System

As far as services for runaways and other "children in crisis" go, there is really more "gap" than there is system at present. More resources are needed in every region of the state. Unquestionably, however, the most pressing need is in Boston, which draws troubled youth from communities all over eastern Massachusetts, and Cape Cod, which is a magnet for runaways during the warm months.

Regions like Cape Cod or central Massachusetts, have an additional problem: unlike Boston where professional resources are in place but are inaccessible to children in crisis, these regions are simply short on medical and psychological services.

The system advocated by the Office for Children involves three distinct types of service. Within each service category there should be a program for each group of children described above (in general: younger runaways, deeply troubled runaways, and, in urban areas, "street kids"). The three service components are:

1. *Emergency Shelter and Foster Homes.* These services would provide basic care, develop a child's trust, and counsel both child and parents during an initial period of a few days. Emergency medical and psychological services would be essential back-up components, as well as legal assistance for the child.

2. *Intermediate Care.* Residential resources with appropriate staff should be available for troubled children needing a careful evaluation before placement or before returning home. During this stay of no more than four weeks, the staff would involve both child and family in forming a service plan.

3. *Long-Term Placement in Group Care or Foster Care.* In the cases where returning home immediately is not advisable, these alternative placements would be available with a plan of supportive services. Of the three service components, this one is most nearly in place through private agencies, the Department of Youth Services and the Division of Family and Children's Services. However, there is still a general need throughout the state for supportive services and for more foster families skilled in caring for troubled adolescents.

Steps Taken in Fiscal Year 1974

Boston Task Force on Runaways - In mid-1973 the Office for Children set up a task force to examine the problem of serving runaways and to recommend specific steps in putting together a service system. The task force, composed of representatives of state and private agencies (including the Department of Public Welfare) involved with children in crisis, selected as a priority the establishment of a temporary shelter facility for younger runaways (age 12 to 14) in the Boston area, and identified within the Department of Public Welfare's Care and Maintainance Account funds which might be used for that purpose. After requesting and reviewing proposals from several agencies in Greater Boston, the Task Force and the Department approved the program put forward by Project Place. The Department immediately allocated $140,000 for the new facility, scheduled to open its doors in summer, 1974.

Cape Cod Task Force on Runaways - A similar task force has now been organized to develop services for Cape Cod, where the need for programs is urgent. Meetings with local state and private agency representatives have generated plans for a three-part service network along the lines of the system described above, and the Department of Public Welfare has earmarked funds for regional services to runaways in fiscal year 1975.

Legislative Reform - Two pieces of legislation aimed at facilitating services to runaways were of particular concern to the Office for Children this year (see section on 1974 Legislative Action). The first was a section of the Office's own bill, the Children's Reform Act of 1974, and it authorized temporary shelter facilities licensed by the Office to provide emergency services to runaways for an initial 72-hour period without parental consent. This measure was passed and signed into law.

The Office also led a fight for major changes in the 1973 "Children in Need of Services Act," the so-called CHINS law. As explained above, this law gave courts the authority to make placement decisions for runaways. However, the law lacks a number of important procedural safeguards of children's rights and, too often, results in punishment rather than services. An alternative bill backed by the Office in 1974 had the support of many community-based agencies and advocates for children. However, it was opposed by many probation officers and judges and was not enacted.

Looking Ahead

In the coming year the Office plans to re-submit alternative legislation to the CHINS law. The Office will continue, through area-based task forces modeled after those in Boston and on Cape Cod, to develop programs for runaways and "children in crisis" in other parts of the state and to work with the Department of Public Welfare to fund such programs on a purchase-of-service basis with community-based agencies. The Office has also assembled a statewide task force to develop licensing standards for temporary shelter care.

Intensive Care for Adolescents

Dear Office for Children:

I just received your letter and was quite happy to know someone cares. I hope it continues as you say. I feel as though I must write you today because I'm feeling depressed considering what I've been going through with the employees here including the doctors and social workers.

I need help and want it badly. It drives me up a wall. The only help I get is individual therapy once a week which I miss frequently because the social worker got tied up or something. Those are the excuses all the time. It's just one big careless attitude.

My therapist said I'm "not mentally ill yet." What's that suppose to mean? This place drives me mad which will make someone my age mentally ill. I just can't stay here. If I didn't come here crazy I sure will be when I leave.

I guess I'll get going now. I could go on but I'm sick of it. Write back soon.

Sincerely,
Tony

There are some children in Massachusetts who, according to almost everyone who's tried to work with them, are hopeless. "Let's admit it," said one high official in the mental health system, "there are some children we just can't do anything for." The needs of these young people, some would have us believe, are so complex to even begin to respond to. They are beyond help, we are told, and so dangerous to those around them that they should be locked up. How long? Well, indefinitely, or at least until someone things of some way to deal with them.

Just how many of these children there are depends on who you talk to, and also on just where the line is drawn between "tough, angry kids with problems" and "very tough, very angry kids with very serious problems."

Many of these adolescents are presently scattered in a variety of different programs and facilities. Their placement in any one program changes frequently, either because they run away or because each program decides they are too hot to handle very long, and passes them along to the next. Most of the kids are veterans of the human services and child welfare systems. Many have gone through a succession of foster homes, schools for the retarded, training schools, group care facilities, state mental hospitals, and detention centers. Generally, acts of violence while the child is under the auspices of one program will result in his or her being sent on to the next program. The various state departments, as well as the courts, have all failed to provide services to solve their problems.

Probably the single greatest need common to each of these adolescents is that he or she not be given up on. The difficulty and complexity of their problems have always prevented state agencies from meeting this commitment.

In general terms, the services needed to help these children will neces-

sarily incorporate the following aspects:

Intense Psychological Services of High Quality

The adolescents require not just "routine mental health care," but rather concentrated, individualized and innovative programs, possibly unlike any program now being undertaken anywhere in the state's mental health or child welfare system.

A Structured Setting

Achieved through physical confinement, high staff-child ratios or intensive programming.

Assigned Advocates for Each Child

Living either in or outside the program, an experienced advocate would form a one-to-one, long-term relationship with the child, would monitor the child's service plan, and would "stick by" him or her no matter what the circumstances and no matter how many times the advocate is tested by the child's failure. The advantage of such a relationship would be more than therapeutic; the advocate would be a link between the child and the system the child depends on for services, and thus prevent the child from being lost in the shuffle over a period of time.

Limited Size

State programs for "difficult cases" have always had the tendency to grow to include people whose needs could have been better met in community programs. Intensive care programs for adolescents should be kept small, perhaps to half a dozen children or less.

A State Agency Should Not Directly Administer the Program

The flexibility needed to insure the program's success requires that the services should be purchased by the state and administered privately.

Family Involvement

The program should attempt to work with the child's family as much as possible. Even if the goal of reuniting child and family is not feasible, every effort should be made to deal with the family relationships out of which the child's problem likely grew.

Existing Services

The story is simple: no state or private agency presently offers programs of this kind. The children are simply bounced from one inappropriate program to the next, through the courts and back again. Their placement is determined not so much by what services they need as by how their problems are manifested, not so much by "what can help him" as by "what did he do."

They are sent to foster homes or group care facilities, where they don't have enough individualized care and services, and often get in trouble or run away. They are sent to understaffed mental health hospitals, where they often are mixed in with adult populations and often don't receive proper services. Or, most tragically, they are sent to the Bridgewater State Hospital, a tightly controlled institution in the adult correctional system. Judges in the position of deciding where to place these children are forced to make that decision not on the basis of where a child can get the most help, but where he or she can do the least harm.

Office for Children Efforts in 1974

The Office for Children undertook some projects during the last year to coordinate joint efforts between the Departments of Mental Health and Youth Services to start programs that would serve severely troubled adolescents.

The Bridgewater Alternatives Project

In May 1974 it came to the attention of the Office for Children that adolescents between the ages of 14 and 17 were regularly being sent to Bridgewater State Hospital, part of the Massachusetts Correctional Institution at Bridgewater, for extended

periods. It became clear that the children, who had been referred both by the courts and Mental Health Department hospitals, were sent there primarily because of the facility's security. Having been too hard to handle in other programs, they were sent to Bridgewater to "cool off," in an environment with adult offenders and patients, and with very little in the way of services.

During the summer of 1974, the Office formed the Bridgewater Alternatives Project, a team which provides alternative placement and services for children referred to Bridgewater State Hospital. The team, consisting of legal and diagnostic professionals and advocates including state agency representatives, intervenes on behalf of the children already confined to Bridgewater, and those about to be referred by courts or other mental health hospitals.

As a result of the Office's involvement, the Department of Mental Health agreed to alert the team on a 24-hour basis to all pending transfers of children from Mental Health Department facilities to Bridgewater. The team provides the children with evaluations, legal advocacy, and placement referrals, sometimes on an emergency basis, and is working with the Departments of Mental Health and Youth Services to design and fund additional resources. Over the coming months the Office will be meeting with court personnel to make them aware of the team and of placement alternatives to Bridgewater.

The Program at Danvers State Hospital

A successful project to design a new program grew out of efforts of the regional Office for Children, including Help for Children regional staff and the Councils for Children, to find service alternatives for children institutionalized at Danvers State Hospital. The Departments of Mental Health and Youth Services, the Division of Family and Children's Services, and the Office worked out plans for a program for disturbed adolescents, some of whom were already at Danvers State Hospital. The program's facility would be the superintendent's cottage of the hospital. Under an agreement between the Departments of Mental Health and Youth Services, a new program will be opened in Danvers by a private contractor in early 1975.

The Program at Medfield State Hospital

The first attempt to start a program of this kind was undertaken in mid-1973 at a site on the grounds of Medfield State Hospital. The program was to serve 6 boys and girls with a staff of 15. Mental Health services were to be provided by Medfield State Hospital personnel. Only three children were referred, as a pilot group, by the Department of Youth Services. The program was discontinued after a few weeks.

Chapter 766

When they laugh at her, Millie knows it's because she's the "dumb kid." She's known it ever since the school put her in another classroom. It was bad in the fifth grade when she had to stay back a year and was older than everyone else in the room. But the laughing really started when she got put in the "class for stupid kids," and everyone knew she was one of them. Then no one would wait for her after school, or sit with her on the bus. Even her best friend stopped calling her up, and finally last year she didn't go to school at all and no one even cared. It wasn't always like that, Millie knows. She can remember riding bikes after school, and swimming at the Y, and playing softball. Back when she could play with the kids at school, she was the best girl player in sports--everyone knew it, and everyone wanted her on their team. Then they would all go home together, Millie and all the other kids, and talk about school and boys and laugh, back then...They used to all laugh together, once, back then.

One of the country's most important innovations in this decade, one which radically affects not only children's services but also public education, is happening right now in Massachusetts. Chapter 766 of the Acts of 1972, the Commonwealth's Special Education Law, is to be implemented this year, and by all estimates the law will be ushered in amid both high expectations and fiscal confusion, determination and evasion, conviction and scepticism, optimism and pessimism.

Decentralization of responsibility is a bewildering process, and the experience of 351 Massachusetts cities and towns and 7 state agencies has been no exception as they ready themselves this year for the implementation of a revolutionary piece of legislation whose impact will be felt in both the education and children's services systems.

The Education System. By guaranteeing every child a free and public education regardless of his or her special needs, the law challenges present educational concepts based on the non-existent "normal" child. By requiring public school systems to provide "special" education to children according to "individual" needs, the law shifts the emphasis of the entire educational system from the general to the particular. Such a dramatic shift has hardly been contemplated, let alone undertaken, since the first little red schoolhouse packed 'em in at all ages and packaged the three R's for the first time.

The Children's Service System. By placing the responsibility on local school systems to provide not only "schooling" in the usual sense, but also whatever services children require to develop their individual abilities, the law puts within our grasp the possibility of closing the gaps in the service system which for so many years has failed children whose needs are special. No longer can the job of providing services for a mentally retarded or physically handicapped child, for any child with special needs, be kicked upstairs indefinitely. Children can no longer sit at home with their names on waiting lists while their program application papers are lost in some state

office in Boston. When their children are not getting needed help parents may now hold accountable not some remote bureaucrat, but their own local school system.

Chapter 766--A Large Mandate

About 1,203,000 children are enrolled in school systems throughout Massachusetts. Of this number approximately 99,000 are served by some type of special education program. It is estimated that with the full implementation of Chapter 766, between 140,000 and 170,000 pupils, roughly 10% of all children between 3 and 21 will be affected by it. It is important to remember, too, that an unknown number of children are presently not in any program at all, but hopefully will begin to receive services as soon as the program gets underway and more parents become aware of it.

While the potential of the new Special Education Law is enormous, the implementation of Chapter 766, like any other great idea, depends on the commitment and competence of people. Educators, state officials, and particularly parents, will have to be vigilant to insure that the law is fully implemented in both letter and spirit.

The Office for Children and Chapter 766

The Office for Children and the local Councils for Children have between them three key roles to play in regard to Chapter 766.

1. Coordinating the Responsibilities of Human Service Agencies.

The Office for Children serves as the coordinator of five state agencies--the Departments of Mental Health, Public Health, Youth Services and Public Welfare, and the Massachusetts Rehabilitation Commission--in their functions under Chapter 766.

Throughout fiscal year 1974 the Office worked with these agencies and the Division of Special Education to iron out their respective roles under Chapter 766 regulations. The Division, responsible for the law's implementation, promulgated the regulations in June, 1974 after long months of interagency negotiations, consultation with local school systems, and public hearings. The final document spells out the rights of children and parents, the fiscal program, responsibilities of local school departments, types of treatment services to be provided, requirements for placement in residential schools, the roles of the state agencies, and the relationships of state hospitals, schools, and institutions.

Following the implementation of Chapter 766 in September, the Office for Children will monitor the participation of the Human Service agencies in terms of their responsibilities for services as set out in the regulations.

2. Creating a Positive Climate through Information - Sharing.

Successful implementation of Chapter 766 will involve much more than administrative directives from the top. Resistance to new fiscal burdens, misinformation about classroom integration, and wariness of "special kids" and their needs have already threatened to pollute the pre-implementation atmosphere. Underlying the problem is the fact that the law will only work if (1) educators have a clear understanding not only of their responsibilities, but also of the professional opportunities presented by the law; and (2) parents have a clear understanding of their children's right to an education that meets any special need, large or small.

Special education is a right to be claimed, not a service to be begged. That fact must be fully accepted--by educators and most importantly by parents. Until a mother of a mentally retarded child can enroll her youngster in public school with as much dignity and self-assuredness as any other mother, Chapter 766 cannot be successfully implemented.

Public education about the law is

way behind schedule, however. A year and a half after it was passed many school administrators were still in the dark about it, and on the eve of September implementation many teachers don't understand it while most parents hardly know it exists.

Over the last six months, the Office has intensified its efforts to provide information about Chapter 766. At the urging of the Office, seven regional public meetings last December and January were co-sponsored by the Office, the Councils for Children, the Division of Special Education, and the Coalition for Special Education. The meetings provided information about the law and served as preliminary public hearings while regulations were being drafted. Independently or in conjunction with the Division of Special Education, Office for Children staff spoke regularly before local groups of parents, teachers, and administrators across the state over a period of several months. Office for Children staff met at least once with every local Council for Children to familiarize them with the law, the regulations, and the implementation process, and to suggest ways of serving as local advocates in Chapter 766 implementation.

The information-sharing efforts already made by the Office, the Division of Special Education, the Coalition for Special Education, and other groups have now begun to snowball. Beginning in the spring, local Councils for Children began to organize or co-sponsor workshops for parents and professionals in their communities. One Council, starving for printed information to distribute, drafted a brochure on the law which the Office printed for distribution by Councils across the state. The Councils will serve as chief vehicles for community distribution of Division of Special Education literature throughout the coming year, and they will continue the community workshops as well.

The new fiscal year will also launch a "media offensive" on issues related to Chapter 766. In conjunction with the Division of Special Education, the Office will work to focus the attention of the state's newspapers, radio and television on the implementation process, the positive changes being undertaken by local schools, and the impact of the program on parents and children. Councils for children, themselves made up of parents of children with special needs and professionals concerned with children's services, will be resource subjects for media presentations. Councils have also been encouraged to beef up the interest of their local media in Chapter 766 and children's issues, and the Office prepared and distributed a publicity workbook to be used as a guide in Council publicity campaigns.

3. Advocacy

As local and statewide advocates for children, the Councils and the Office for Children will have an important role to play in the implementation of Chapter 766. The first phase of this effort began prior to September, 1974, however. As a number of local governments protested the financial burdens that the new law placed upon them, and the possibility of a phase-in amendment was raised, the Office testified before the legislative Committee on Education against any postponement of implementation, and in favor of increased "up-front" money to help communities meet the requirements of the law.

In addition to alerting their members and their local communities to these and other state-level developments, most Councils have already been involved in urging their municipal government and school committees to move quickly and thoroughly on Chapter 766 with adequate budgets and administrative preparations. The Help for Children program has worked as an advocate for many special needs children who were not being served under Chapter 766's predecessor-programs. However, Help for Children will undoubtedly continue to serve as the primary advocate for some families whose children have special needs not being met by local school systems.

Preschools for Children with Physical Handicaps

Tommy, sitting on the nursery school floor, giggles at Joey, puffing and struggling on a pair of crutches. They are both five years old. The crutches are giving Joey a hard time. They gouge his armpits, they make his hands sore, but he keeps on, taking a good five minutes to make a few yards headway, limping on one real leg and these two wooden ones, his other leg tucked up like a stork's.

Tommy, watching him, howls with laughter. The crutches beong to Tommy, and ever since he could walk at all he has walked with them. His arms are much stronger than his legs, which he couldn't use at all for walking without braces. But since he's come to this school his whole body feels stronger, in fact he doesn't even use his wheelchair much any more. He also has gotten to be much braver, which is why he dares to sit and laugh at Joey.

Joey and Tommy are best friends, and Tommy has been showing him how to use the crutches. But Joey doesn't need them. His legs are fine and, incidentally, he proudly told Tommy today about how he had just learned to ride a bicycle. Now, tired out from the crutches, he gets mad at Tommy's giggling and pounces on him. Together they wrestle on the floor until they are stopped by the voice of their teacher, telling them to behave themselves.

There are several hundred preschool children in Massachusetts who have physical handicaps which, while severely limiting their activity, do not hinder their intellectual development nor completely prevent them from physical movement, from learning to care for themselves or from interacting with others. In other words these children have a recognized potential not only for physical, intellectual, and experiential growth, but also for self-reliance.

Between 1969 and 1972, three programs designed for these children were started under state and federal funding in Tewksbury (Ann Sullivan Center), Boston (Dimock Street School), and Canton (Baylies Preschool). Each had a specially designed facility and an innovative curriculum including physical, speech and occupational therapies.

But the real strong point of the preschools is that they did not serve only handicapped children. Of the 30 kids in each program, 15 "able-bodied" preschoolers participated along with the physically impaired youngsters in every aspect of the program as it served their common needs for early childhood education.

The preschools, which provided all its participants with innovative physical challenges and developmental stimulation, were an enormous success. In early 1973, however, their continuation was threatened by a pending federal financial cutback. At the urging of insistent parents and preschool personnel who were staunchly determined that their children's program survive, the Office for Children made the continuation of the preschools a priority of its own.

Securing the commitment of the Department of Public Health, the Office for Children advocated successfully in the executive branch and in the legislature that state funds be allocated to support the programs. As a result, during fiscal year 1974, the preschools were maintained on a purchase-of-service basis through the Department of Public Health.

Preschools and the FY 1975 Children's Budget

As budgetary priorities were being set for the 1974-75 fiscal year, preschool programs for handicapped children were high on the Office for Children's list. It was recognized that while three programs were serving local children with physical disabilities--about half the estimated statewide population--children who lived in regions farther west and south were

without services of this kind.

The Department of Public Health budget therefore included a 1975 budget request not only to continue the existing services but to develop three new ones. Part of the successful Children's Budget were allocations for integrated preschools in central, western, and southeastern Massachusetts. In addition, the existing Baylies Preschool was absorbed as part of the Massachusetts Hospital School in Canton.

Insuring The Future of the Preschool System

Concerned that the development of the six-school program proceed smoothly, the Office for Children set up a Preschool Advisory Committee to work with Public Health's Division of Family Health Services to put the final administrative pieces in place. The committee includes parents of participating children, the directors of the three existing programs, the President of the Massachusetts Academy of Pediatricians, and representatives of the Office for Children, Project 766 of the Division of Special Education, and the Departments of Public Health, Public Welfare, and Mental Health. Their tasks are:

1. to set up a fiscal intermediary between all the programs and all their funding sources, which include the Department of Public Health, local public school systems (under Chapter 766), the Title IV-A program of federal-state matching funds administered by the Department of Education;
2. to determine the site of the three new schools;
3. to design service programs, including minimum standards and guidelines for therapeutic and educational devices, for all the schools; and
4. to set up eligibility guidelines for all the programs.

Preschools, Public Schools, and Chapter 766

A major goal of the preschool programs is to prepare as many children as possible to participate in community-based educational programs, including those of the public schools. Chapter 766 paves the way for "graduates" of the preschools to go on to to other integrated programs, including regular classrooms in some cases. During the summer of 1974, the Office for Children organized a "pilot" core evaluation team to evaluate and plan the September placement of the children who had participated in the Dimock Street School. This team followed the procedures set down by the Division of Special Education, recommended services for each child, and began to work with each child's local school system to secure a program for the child in September.

Institutionalized Retarded Children

Michael is thirteen, but he can only count to ten. For the past seven years he has lived in a state school for the retarded, where he has learned to dress himself, eat with a fork, spell his name, and some other things. Actually, it was the second time he had learned to do them. Before he came to the school his parents had taught him, but when he arrived he forgot them for a while. Alone in a big room full of noisy boys, it was hard to remember anything but feeling sad. So he forgot what he used to know how to do, long before in another place. Finally, after a few years, a teacher came and he had to learn all over again.

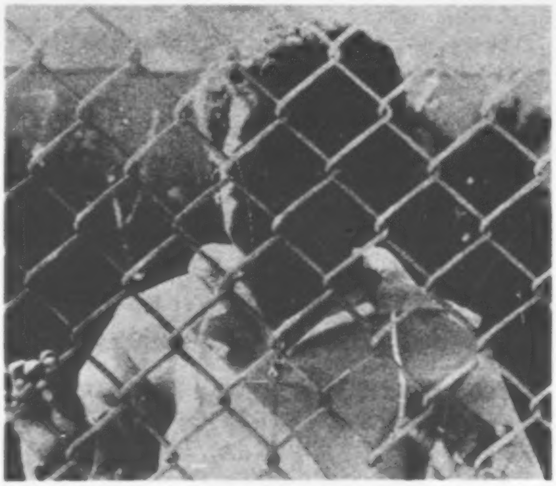
The teacher comes once a week and that's fun. And Michael's mother takes him home on weekends and that's fun. But the rest of the time Mike watches television mostly, or jumps on the beds. He has a twisted foot that makes it hard to walk and makes him very angry. But jumping on the bed isn't hard, or kicking another boy. Besides, when you're angry, there's nothing else to do.

In March, 1974 there were 1,234 children, aged 18 and under, in the state's six large "schools" for the retarded. They had been placed in these institutions because their special needs were too great or complex for their families to meet. For the last several years, the number of children annually admitted to state schools has dropped to nearly zero, and efforts have been made to develop community alternatives and supportive services for retarded children. Presumably, had these programs been in place sooner, most of the 1,234 children would not be in state schools today.

As administrators everywhere will attest, once an institution is built and full of people, it's next to impossible to empty it--even when the administrators themselves agree that better, healthier, and cheaper alternatives exist.

So it is with the state schools for the retarded in Massachusetts. Short on professional staff, limited in health care services, severely lacking in all kinds of therapy and developmental programs, and substandard in terms of any governmental or professional criteria ever put to them, the state schools are therefore not suitable facilities for children. Yet over 1,000 children are still residents of these institutions, because too few alternative programs have been put in place, and because resistance to de-institutionalization is difficult to break down.

Three basic kinds of alternative placement are possible options for these children. First, community residences can provide individualized care of high quality for retarded children. A number of these programs have provided successful placement alternatives for adults in Massachusetts, and have literally emptied institutions in Nebraska and in other countries. Second, foster care provided by specially trained foster parents is another resource which has not been fully tapped in Massachusetts. And, third, a few of the children now in institutions might be cared for by their own families if adequate support services were provided.



1973 Interagency Agreement

In August 1973, the Departments of Mental Health and Public Welfare and the Office for Children signed a joint agreement designed to provide a mechanism for developing two of the placement alternatives: community residences and specialized foster care. The agreement, which had been proposed bv the Office for Children, set a target of 125 children to be placed over the following year. The children had not been identified; the number was chosen simply as a modest, manageable target figure -- 20 to 25 children per state school.

Under the agreement the Department of Public Welfare was to be responsible for reimbursement costs to foster families and, when appropriate, for disability assistance to eligible children. The Office for Children and the Executive Office of Human Services were to monitor the program's implementation. The Department of Mental Health had the largest responsibility: identifying and preparing children for placement; recruiting and training foster families; developing community residence programs; and providing developmental services to all the children upon placement.

As of July 1, 1974 only seven children had been placed under this program -- six from Hogan Regional Center and one from Wrentham State School. The principle reasons for such slow progress have been the inability of the social service units of the state schools and of the Mental Health Department's regional offices to (1) successfully recruit foster families, (2) develop community residence programs to be maintained on a purchase-of-service basis, or (3) act as aggressive advocates for a better environment for these children.

The Department has, however, allotted money in its fiscal year 1975 budget to develop and/or fund one community residence in each region. New funds totaling $416,000 can provide for the placement of 52 children in community residences, and pay for a foster care homefinder in each region to redouble the Department's efforts to find homes for the other 63 children. The interagency agreement will also be renewed for fiscal year 1975, and hopefully this new fiscal year will bring alternative placement and services for more children in state schools.

State Schools and Chapter 766

As regulations for Chapter 766 were being written, the question of special education services for institutionalized retarded children posed two alternatives: either bring the special education component to the institutions, or get the children out -- at least long enough each day to allow them to participate in community-based special education programs. In either case the local school system where the parents of each child lived would pay for the services.

The Division of Special Education, the Office for Children, and the Human Service departments have agreed that Chapter 766 should serve as a vehicle for bringing institutionalized children into community programs, and fostering community acceptance of, and responsibility for, children living in state schools. Over the coming year the Office will work closely with state agencies and school systems alike to develop resources for these children and funding mechanisms for placement.

Approval of State Schools as Group Care Facilities

The 1972 law creating the Office for Children requires the Office to review state schools for approval under the regulations governing group care facilities (see section on Group Care and Placement Licensing and Consultation). Standards for group residential facilities were not promulgated by the Office until the end of fiscal year 1974 and state schools did not come under review during that year. During the next year, however, Office for Children staff from the Group Care and Placement Unit will be visiting the state schools and will evaluate the quality of care and services the children receive in the same manner and under the same set of standards as pertains to private group care facilities.

Services to Children with Multiple Handicaps

When Jerry was born, his doctor advised his parents that their wisest decision would be to place him in a state school. The parents discussed it for a long time, with people at the hospital, with their friends, and with each other. They heard things like, "he'll be so hard on you," "all his life like a basket case, a vegetable," and, "he won't live long anyway." These remarks only angered them; they wanted to keep their baby, and finally they decided that they would. Despite their determination, however, finding professional developmental services for Jerry meant fighting battle after battle with state agencies, hospitals, insurance companies, and private service providers.

For eight years Jerry went from program to program, and the financial and emotional toll on the family was heavy. It wasn't until then that a new day program just for children with Jerry's needs opened up in a nearby community. His parents -- and even his little sister -- were overjoyed. On his ninth birthday Jerry began to crawl for the first time. They were certain, then, that their decision to keep him part of the family had been the right one, although it had been difficult. In fact, the only thing that marred their happiness was an awareness that if only Jerry had received the therapies since birth, he would have been capable of even more independence.

The need to develop a program for children with multiple handicaps has become increasingly evident during the past decade. In years past, for children born with severe handicaps, institutionalization in one of the schools for the retarded was presented as the only solution. Such a concept persisted until the schools became overcrowded and it became apparent that far more appropriate alternative care patterns could be developed for these children.

Concurrent with this, the state Department of Mental Health elected to discourage placement of retarded multiply handicapped children before the age of six, making it impossible for any family to seek early institutionalization as a presumed "solution" for their child. As the numbers of these children being kept at home increased, so too did the numbers of multiply handicapped infants who survived birth.

These developments created an urgent need to develop a comprehensive statewide program for these children, and in 1971 the legislature passed a law (Chapter 1084) calling for the development by the Department of Public Health of such a program. Funds for the implementation of Chapter 1084 were not, however, appropriated until fiscal year 1974, and although a few children were placed in pediatric nursing homes prior to 1973 under medicaid funds, the program has been underway fully only during the past year.

Department of Public Health Services for Children with Multiple Handicaps

The primary objective of the new program, called Services for Children with Multiple Handicaps (SCMH), is the early identification and placement of children with multiple handicaps into services that will maximize each child's potential to develop.

Initially, the program was limited to placement of children in four pediatric nursing homes throughout the state, but SCMH has recently expanded its services to include specialized day care, respite care and homemaker services.

The Children

From its inception to July 1, 1974, there have been over 500 referrals of children to the program. These referrals have come from parents, public and private social agencies, hospitals, and regional Office for Children and Department of Mental Health staff.

As of July 1, 147 children have been placed in pediatric nursing homes, an additional 150 in day care programs, and an additional 30 are receiving homemaker or respite care services.

Eligibility for each child is determined by the program's Medical Review Team and is based on medical and social data. Children are reviewed and determined eligible provisionally; then each child is evaluated to develop an individualized plan of treatment. The Medical Review Team is then responsible for implementation and coordination of all services provided each child through purchase-of-service contracts.

The children reviewed range in age from birth to 21 years of age, and have both mental and physical handicaps. A large majority of the children certified are non-ambulatory, and require a great deal of nursing care to get through the activities of daily living. Many of the children have seizure disorders and other medical problems which require intensive nursing management.

The Services

1. *Pediatric Nursing Homes:*

Pediatric nursing homes offer medical supervision, skilled nursing, rehabilitation therapies (occupational and physical therapy), and education to children on a short term basis for periods up to approximately 18 months. In addition, a facility may offer post-operative care, respite care to children living at home, and parent education and training as part of its ongoing activities.

For some children who have had little or no inputs, the pediatric nursing home offers a concentrated period of therapies and observation which determine more precisely the potential and program needs of the child.

The pediatric facility should not be considered a permanent placement. Rather the program should be viewed as an intense response to the prescribed plan of treatment outlined in the evaluation and,when indicated, the child would be redirected into a different mode of care.

At present, four pediatric nursing homes are available with a total of 162 beds in operation. An additional 80 beds in these facilities will be opened during the next year. These facilities are:

Northampton Nursing Home - Northampton
Woodford Nursing Home - Ayer
Montrath Nursing Home - Groton
Bay State Rehabilitation Center - Billerica

An additional nursing home in Falmouth is scheduled for completion during the next year.

At the end of fiscal 1975, an estimated 300 children will be in residential placement in these facilities.

2. *Therapeutic Day Programs*

A comprehensive day program is the most important component of a system of community-based services for multiply handicapped children. It is a service in which skilled care, therapies and education are integrated in a daily group program of developmental stimulation designed to maximize the potential of severely handicapped children and to assist families with the care of their children. A daily program provides a center of expertise to implement and supervise the developmental treatment plan for individual children. In addition, the center becomes the base from which additional services needed by the child and his family are co-ordinated.

A daily program should include physical, occupational and speech therapies combined with an educational program of developmental stimulation and training in self-help skills. A parent education program should include training in child care and management techniques and offer guidance and counselling to parents.

Because so few day programs for severely handicapped children exist, the Services for Children with Multiple Handicaps staff has been working to develop day programs in each region of the state. Together with Office for Children regional staff, regional needs have been examined, and potential resources for programs identified.

Programs which will begin serving children under the Department of Public Health program after July 1, 1974 are:

Kennedy Center for Handicapped Children - Foxboro

Christ Church Professional Nursery - Andover

Delta House - Cambridge

Boston University Center for Exceptional Children - Roxbury

Advisory for Open Education - Canton

United Cerebral Palsy Association of the North Shore - Gloucester - Lynn

United Cerebral Palsy Association of Metropolitan Boston - Natick

Through the Project for Children, the Office for Children provided funds for some of these programs during the past year on the recommendation of local Councils. The Fitchburg Center for Brain Injured Children is an example of a program funded by the Office because, while it did not receive the support of the Department of Public Health, its services were found to be a priority resource of the area.

Discussions are underway with a member of other agencies in the state for expansion of current services to multiply handicapped children or the development of new services throughout the state. Development of a comprehensive system of day care services statewide will be a priority for this year.

3. Homemaker Services

Services to Multiply Handicapped Children is contracting with recognized agencies to provide homemaker services to multiply handicapped children and their families. These services can include direct care to children, housekeeping services, and family management services.

This important service will be expanding over the next year, in an effort to enable as many families as possible to keep handicapped children at home while providing needed services.

Financing

All services offered by Services to Multiply Handicapped Children will be provided on a purchase-of-service basis through the Department of Public Health. Those families who are medicaid eligible will have services financed by medicaid. For those families not medicaid eligible, services will be provided by the legislative appropriation of $3.2 million. Families are asked to contribute to their children's support on the basis of a sliding fee scale developed by the program and approved by the Public Health Council.

The program will pay for all costs involved in the total care of certified children, including the cost of special equipment, such as braces, and the cost of hospitalization. Whenever possible, third party coverage pays for eligible services for children who may be covered by such policies.

Problems to Be Tackled in Fiscal 1975

Although much progress has been made in the first full year of the Services to Multiply Handicapped Children's programs, much more must be done to develop a comprehensive range of services to handicapped children.

Interagency Responsibility for Children

A major task will be to develop mechanisms for coordinating programs for handicapped children available in the Department of Public Health, Department of Mental Health, and other state agencies. Too often parents of handicapped children are referred from agency to agency in an attempt to find an appropriate placement for their child. In the coming year, the Office will work to coordinate interagency review and certification of children, and better program definition. The goal will be to develop programs to fill the gaps in service, and to prevent children from falling in the gaps between programs.

Development of Post-Placement Resources

A program component still to be put in place is post-nursing home placement for the children in care. The Office for Children will work with the Department of Public Health during the next months to expand foster home placement for handicapped children, as well as developing smaller group homes for older youngsters and those capable of self-care. In addition, services to biological parents will have to be developed and intensified, to prepare parents for taking children home again. These services may include specialized child care trainign, family counseling, and respite care, as well as homemaker services. If nursing homes are not to turn into mini-institutions, development of these alternatives are a major priority for the next year.

Special Education

The implementation of Chapter 766 in September 1974 will offer Services to Multiply Handicapped Children an opportunity to expand available services to children, as it also raises questions of who is responsible for the special needs of children diagnosed as multiply handicapped. Development of liaisons with local schools' Core Evaluation Teams, and developing procedures for the interaction of both programs will be an important task in the coming year, allowing both programs to maximize their program dollars, and minimize the conflicts which may be inherent in the legislative mandates of both programs.

Improvement of Existing Services

Finally, the program will work over the coming months to upgrade services in its present programs, to be sure that each child is receiving the mazimum in developmental services as well as receiving good nursing care. Staff from the program will work with provider staff and parents to ensure that training, development of new techniques, and evaluation of services and patients is an ongoing process. Critical to this and other efforts of the program will be the Health Services Committee of the State-Wide Advisory Council to the Office for Children, which will provide valuable input and insight into improving existing services, to identify needs in the community for the development of new programs.

Lead Paint Poisoning

Linda, everybody always said, had a great future in store for her. At age 3 she was bright, aggressive, and talkative -- her father would sag -- like a politician and comedian all in one.

Linda's bright hopes were almost cut down recently, however, when she got very sick and could have suffered brain damage. Not from just any sickness, though, not a disease no one can prevent, but poisoning from eating pieces of lead paint. Fortunately, the illness was caught in time, before any symptoms showed up, by the Public Health Department's Lead Poisoning Prevention Program. She was in the hospital a few days for treatment, and came back home well again. She was lucky.

But how long will Linda's luck last? The Public Health people also tested the family's apartment, and they found lead paint all over the place -- on the walls, on the flaking ceiling, and on the window sills where Linda often looks outside and dreams. Now Linda's parents wonder how they can get rid of the lead paint that remains in their home.

The Public Health Department can't afford equipment or personnel to remove the lead they know is there. The landlord has refused to spend money on a building he plans to tear down in a few years anyway, and court action to force him to de-lead the apartment could take months. Meanwhile, Linda's family can't afford to do anything but keep having her tested and hope -- pray -- for her health. Linda has a bright future. The question is, how long will her future be?

The means of eradicating, completely and forever, childhood lead poisoning have been known for many years. Every year, however, children in Massachusetts are poisoned from eating lead-based paint.

A recent federal estimate, reported in the Massachusetts Advocacy Center's excellent survey and analysis of the problem, stated that almost 75,000 children in the Commonwealth are living at risk, and that nearly 20,000 are believed to be poisoned. As the Center's report explains, very little is being done to protect children from their contaminated environment.

Children from one to six years of age -- the age when children characteristically eat materials other than food -- are those most in danger. The risk of poisoning is higher when lead paint is available in large amounts in the form of peeling paint chips or falling plaster. A window sill or railing at "mouth height" is a frequent source of lead even when the paint is not flaking.

Lead paint for use on toys, furniture and indoor surfaces has been outlawed for a number of years. Most structures built prior to 1950 have one or more coats of lead paint inside them, however, and even repainted walls are a hazard.

A child believed to have eaten lead paint must be treated before outward symptoms appear. A simple fingertip blood test tells whether he has dangerous levels of lead in his blood. If the reading is high, an x-ray, urinalysis, and another blood test indicate whether treatment is necessary.

Once detected, lead poisoning is easily treated in the hospital. The child is given three shots of a chemical called chelation for five consecutive days.

If the child is not diagnosed and treated until after he gets sick, however, there is a 30 percent chance he will suffer permanent brain damage. Eating sufficient quantities of lead paint can kill a child within 24 hours.

The child's treatment is not the only problem to consider. The lead paint must also be removed from the child's home to avoid future poisoning of the child or other children.

Stopping the Disease

Most children poisoned by lead-based paint are children of low-income families living in poor housing. It is quite likely that if the children of businessmen, doctors, or politicians were commonly afflicted with this illness, significant steps to eradicate it would have been taken long ago.

However, despite the passage of federal and state legislation on lead paint poisoning prevention, hundreds of Massachusetts children continue to suffer. One of the reasons is that existing prevention programs are inadequately funded.

A lead poisoning prevention program in the state Department of Public Health was created by 1971 legislation. The program will eventually include laboratory testing of 50,000 children per year, inspection of dwellings where lead paint is suspected, and a data collection system.

This relatively new state program shows great promise. Because of financial constraints, however, it does not include one essential -- and expensive -- service, that of removing lead paint from dwellings where it is known to exist. Removal of lead paint from an average apartment can cost hundreds of dollars, and many landlords are unable to foot this bill for all their units.

Testing for lead poisoning, in its young victims and the places where they live and play, is not prevention. Only the removal of lead-based paint is. Until action is taken to completely remove the poison from all children's reach, medical intervention serves only as a band-aid.

The Federal Funding Situation Hasn't Helped

The cost of completely eliminating lead paint poisoning is too high for the state to bear alone. The federal government must match the state's commitment to lead poisoning prevention with a substantial federal commitment as well.

Although legislation was passed during the last session amending and extending the Federal Lead-Based Paint Poisoning Prevention Act, and although an authorization to spend $63 million nation-wide was signed, HEW made only $13.5 million available nation-wide.

Local Massachusetts agencies, both public and private, aggressively pursued this money and received $1,013,-923 in Title I grant monies. The communities participating are Boston, Cambridge, Chelsea, Fall River, Lynn, Lowell, Somerville, Waltham, and Worcester.

The Office for Children, by maintaining regular contacts with members of the Massachusetts Congressional delegation, has monitored related activities in Washington and urged affirmative action when legislation to fully fund comes before Congress again.

Of particular interest to Massachusetts -- with its older housing stock, an unemployment rate that consistently runs ahead of the national average, and a large number of struggling owners of small, owner-occupied multiple dwellings -- is the funding of Title II which would provide funds to assist these marginal property owners in de-leading their toxic housing.

Toward Aggressive Screening and Wide Public Awareness

During the past year the Greater Framingham and Haverhill-Newburyport Councils approved Office for Children funds for local testing programs, and other Councils have been pushing local authorities to take action, particularly in public housing.

The Office is now working to establish a closer relationship between the statewide network of Councils for Children and the state's Division of Lead-Paint Poisoning Prevention. A close relationship between these groups would boost aggressive efforts in monitoring local situations and in taking action at the community level.

1974 Legislative Action

During its first year and a half, the Office for Children has maintained an active interest in state legislation related to children. At the beginning of both the 1973 and 1974 legislative sessions the Office compiled and distributed a guide to pending children's bills. The guide, one of the most informative legislative lists on children available, includes summary explanations of each bill, as well as its sponsor, committee, and hearing date.

The Office also testified on several key children's bills. Among those supported by the Office in legislative hearings were a measure allowing state income tax deductions for child care, a bill requiring insurance companies to offer coverage to newborns, and legislation providing cost-of-living increases to families on AFDC. All of these bills passed.

The Office also supported an appropriation of "start-up" funds for cities and towns for new services related to Chapter 766, and opposed any delay in the implementation date of that law.

The main thrust of the Office's Beacon Hill action centered around two major pieces of legislation, the Children's Reform Bill of 1974 and the Children in Crisis Bill.

A measure allowing licensed temporary shelter facilities to provide emergency care and services to runaways for a 72-hour period without parental consent, was part of the Children's Reform Bill submitted by the Office, and was passed by the legislature this session. The new law, which also authorizes the Office to license these facilities, is an important step toward extending to runaways emergency services of high quality.

Protecting Children's Rights

The Office for Children will continue its legislative efforts begun in 1974, and aimed at correcting failures in the state's system of children's services and protecting children's rights.

Specifically, the Office intends to work for measures that will:

--Facilitate the establishment of group residences in the community;

--Provide cities and towns with incentives for opening up schools for children's service programs during non-school hours;

--Protect the right of foster children to attend school near their foster homes;

--Create a system for cost-of-living increases for foster parents;

--Protect the rights of a father in his child's adoption proceeding, while recognizing the child's right to a permanent family early in life;

--Give minors the right to consent to medical treatment;

--Make married minors eligible for financial assistance;

--Give children born out of wedlock the same rights as children born in wedlock, and create a non-criminal proceeding to establish paternity;

--Give local Councils for Children a greater voice in setting state-wide policies, through their representation in the State-wide Advisory Council for Children;

--Raise the upper age limit of children covered by the Office for Children;

--Allow care and protection cases for children over 16 to be brought before district and juvenile courts as well as probate courts.

The Trouble with 'CHINS'

Until recently, being a truant or a runaway was a crime, just like shoplifting or stealing a car. Over the last few years, however, many people concerned with children's services and legal rights have argued that skipping school and running away are symptoms of deeper problems, problems that call for supportive services, not legal action.

In 1973 the state legislature repealed the "crimes" of being a stubborn child, a truant, or a runaway. Although this action was intended to be a major reform in the field of children's rights and services, the law that replaced it shows signs of putting these rights in greater danger than ever.

During 1974 the Office for Children led a movement to repeal or amend the new law, which is known as the "Children in Need of Services Act" (Chapter 1073). The Office has criticized the "CHINS" law on the grounds that it:

--Gives too much responsibility to courts and probation officers ill-equipped to diagnose a child's needs, or to provide services to help him.
--Could result in the re-opening of penal-type institutions for children funded through county government.
--Doesn't speak to the real problem in helping truant or runaway children: that service agencies do not have enough funds or skilled personnel to help all the children in need.
--Results in court proceedings in which a child is treated like a defendant in a criminal case;
--Does not require the involvement of persons trained in child and family services when a decision is made about what should happen to the child.
--Could result in the commitment of children to facilities that are not licensed to serve children.

As an alternative to the "CHINS" law, the Office supports corrective legislation that will:

--Require the Department of Public Welfare to establish, or to purchase, temporary shelter facilities and evaluation services in each region of the state, for runaways;
--Authorize the police to take a runaway to a temporary shelter, or to a hospital or to his home if these are appropriate;
--Prohibit the detention of runaways against their will;
--Allow the Welfare Department to obtain short-term custody of children who want services but whose parents will not cooperate;
--Require the appointment of a lawyer to represent children in care and protection proceedings;
--Establish a Children's Legal Advocacy Committee to approve and train private lawyers for this purpose;
--Make local school districts responsible for providing services to truants and children with other school problems in accordance with Chapter 766;
--Establish a delinquency diversion system for children in court on criminal complaints, in order to provide services rather than punishment whenever appropriate.

Statewide Advisory Council for Children

Governor Sargent swears in the Statewide Council, January 1974.

In January, 1974 the first Statewide Advisory Council for Children, including a representative from each Council and 12 appointed members, was sworn in by Governor Francis Sargent as an advisory body on statewide issues. The 55- member body, chaired by Joanne Ross, plans to assume a vocal advocacy role as well as to advise the Office for Children in its policy making.

As a body, the Statewide Council has become vehicle for identifying priority services targeted for new or additional state funding in the fiscal 1976 Children's Budget. In particular, the Council will recommend funding levels to be requested by the Office for Children in its own state budget for 1976.

In addition, the Statewide Council has formed committees to define and tackle specific children's issues of statewide importance.

Day Care Committee

Under an agreement with the Department of Public Welfare, this group includes consumers and providers of child care from public and private agencies, and will function as the official state advisory committee on day care. Its first task is to oversee the expenditure of Department of Public Welfare funds in a new $500,000 demonstration project providing day care for children of working families (see section on 1975 Children's Budget).

Legal Rights and Legislation Committee

This committee will examine and publicly take positions on major bills affecting children's services and legal rights.

Education Committee

This group is concerned with a number of education issues, including educational innovation, parent involvement, and Chapter 766.

Family Health Services Committee

A variety of health care issues are to be taken up by this committee. Of particular concern is the development of Department of Public Health services for multiply handicapped children.

Finance Committee

The administrative problems of the state purchase-of-service system is the focus of this committee's work. Its goal is to streamline the system upon which increasing numbers of children's programs depend.

STATE-WIDE ADVISORY COUNCIL

to

THE OFFICE FOR CHILDREN

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